

HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2016 OF THE CONDITION AND AFFAIRS OF THE

Silverscript Insurance Company

NAIC Group		pany Code <u>12575</u> Employe	r's ID Number 20-2833904
Organized under the Laws of	(Current) (Prior) Tennessee	, State of Domicile or Port	of Entry TN
Country of Domicile	Unite	ed States of America	
Licensed as business type:	Life	, Accident & Health	
Is HMO Federally Qualified? Yes [] No [X]		
Incorporated/Organized	05/11/2005	Commenced Business	01/01/2006
Statutory Home Office	445 Great Circle Road	,	Nashville , TN, US 37228
	(Street and Number)	(C	ty or Town, State, Country and Zip Code)
Main Administrative Office	445	Great Circle Road	
Nool	·	reet and Number)	615 742 6600
	hville , TN, US 37228 , State, Country and Zip Code)	· · · · · · · · · · · · · · · · · · ·	615-743-6600 (Area Code) (Telephone Number)
Mail Address	445 Great Circle Road		Nashville , TN, US 37228
	(Street and Number or P.O. Box)	(Ci	ty or Town, State, Country and Zip Code)
Primary Location of Books and Reco	ords 445	5 Great Circle Road	
,	(St	reet and Number)	
	hville , TN, US 37228 , State, Country and Zip Code)	· · · · · · · · · · · · · · · · · · ·	615-743-6600 (Area Code) (Telephone Number)
	,		(and code) (coopies trained)
Internet Website Address	WW	w.silverscript.com	
Statutory Statement Contact	Xiaoqi Glenn Wang	,,	401-770-9669
Xiaoqi.W	(Name) ang@CVSCaremark.com	,	(Area Code) (Telephone Number) 401-733-0136
	(E-mail Address)		(FAX Number)
		OFFICERS	
President			y Michele Wugalter Buchanan
Treasurer	Anthony Graham Strong	Actuar	y Rebecca Conway Justice
		OTHER	
Harold Neil Lu		ORS OR TRUSTEES	Marsha Carelin Magra #
Mary Kristina M		Todd Dean Meek avid Scott Azzolina	Marsha Carolyn Moore #
State of	SS:		
County of			
all of the herein described assets w statement, together with related exhi condition and affairs of the said repo in accordance with the NAIC Annua rules or regulations require different respectively. Furthermore, the scop	vere the absolute property of the said reporting bits, schedules and explanations therein controlled the said set of the reporting period stated at 1 Statement Instructions and Accounting Practing in the said set of the said stated to accounting the of this attestation by the described officers	ig entity, free and clear from any ained, annexed or referred to, is a bove, and of its income and deductices and Procedures manual exceptactices and procedures, accordate includes the related correspondents.	I reporting entity, and that on the reporting period stated above liens or claims thereon, except as herein stated, and that this full and true statement of all the assets and liabilities and of the itions therefrom for the period ended, and have been completed ppt to the extent that: (1) state law may differ; or, (2) that state ding to the best of their information, knowledge and belief anding electronic filing with the NAIC, when required, that is ar may be requested by various regulators in lieu of or in addition
Todd Dean Meek President	Michel	e Wugalter Buchanan Secretary	Anthony Graham Strong Treasurer
Subscribed and sworn to before me day of	this	a. Is this an originalb. If no,	filing? Yes [X] No []

3. Number of pages attached....

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
0199999 Total individuals.	153 , 153	48,190	34,897	5,601,580	5,601,580	236,240
Group Subscribers:						
Group Subscribers	3,500	1,343,095	3,574	(1,988)		1,348,181
0299997. Group subscriber subtotal	3,500	1,343,095	3,574	(1,988)	0	1,348,181
0299998. Premiums due and unpaid not individually listed						
0299999. Total group	3,500	1,343,095	3,574	(1,988)	0	1,348,181
0399999. Premiums due and unpaid from Medicare entities	14,714,354					14,714,354
0499999. Premiums due and unpaid from Medicaid entities						
0599999 Accident and health premiums due and unpaid (Page 2, Line 15)	14,871,007	1,391,285	38,471	5,599,592	5,601,580	16,298,775

EXHIBIT 3 - HEALTH CARE RECEIVABLES

. 1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
Pharmaceutical Rebates	54,966,631			2,643,425	2,643,425	54,966,631
0199998. Aggregate Pharmaceutical Rebate Receivables Not Individually Listed						
0199999. Total Pharmaceutical Rebate Receivables	54,966,631	0	0	2,643,425	2,643,425	54,966,631
0299998. Aggregate Claim Overpayment Receivables Not Individually Listed						
0299999. Total Claim Overpayment Receivables	0	0	0	0	0	0
0399998. Aggregate Loans and Advances to Providers Not Individually Listed						
0399999. Total Loans and Advances to Providers	0	0	0	0	0	0
0499998. Aggregate Capitation Arrangement Receivables Not Individually Listed						
049999. Total Capitation Arrangement Receivables	0	0	0	0	0	0
0599998. Aggregate Risk Sharing Receivables Not Individually Listed						
0599999. Total Risk Sharing Receivables	0	0	0	0	0	0
Performance Network Rebate	305,970,508					305,970,508
0699998. Aggregate Other Receivables Not Individually Listed						
0699999. Total Other Receivables	305,970,508	0	0	0	0	305,970,508
0799999 Gross health care receivables	360,937,139	0	0	2,643,425	2,643,425	360,937,139

EXHIBIT 3A - ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED

					- -	
		eivables Collected		ceivables Accrued	5	6
	During	the Year	as of December	31 of Current Year		
	1	2	3	4	Health Care	Estimated Health Care
	On Amounts Accrued		On Amounts Accrued		Receivables in	Receivables Accrued
	Prior to January 1 of	On Amounts Accrued	December 31 of	On Amounts Accrued	Prior Years	as of December 31
Type of Health Care Receivable	Current Year	During the Year	Prior Year	During the Year	(Columns 1 + 3)	of Prior Year
Pharmaceutical rebate receivables	38,315,305	3,040,807,603	2,643,425	54,966,631	40,958,730	0
Claim overpayment receivables					0	0
Loans and advances to providers					0	0
Capitation arrangement receivables					0	0
- Capitalon analysis to the control of the control						
5. Risk sharing receivables					0	0
5. Tisk sharing receivables						
6. Other health care receivables		325,392,880		305,970,508	0	0
0. Other reality care receivables		020,002,000		000,370,300	U	0
7. Table (Line of Marriel C)	38,315,305	3,366,200,483	2,643,425	360,937,139	40,958,730	0
7. Totals (Lines 1 through 6)	38,313,303	3,300,200,483	2,043,423	300,937,139	40,938,730	U

Note that the accrued amounts in Columns 3, 4, and 6 are the total health care receivables, not just the admitted portion.

EXHIBIT 4 - CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

	Aging Analysis of Unpaid Claims					
1	2	3	4	5	6	7
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total
Claims Unpaid (Reported)						
0199999. Individually listed claims unpaid	0	0	0	0	0	(
0299999. Aggregate accounts not individually listed- uncovered						(
0399999. Aggregate accounts not individually listed-covered	10,060,262					10,060,262
0499999. Subtotals	10,060,262	0	0	0	0	10,060,262
0599999. Unreported claims and other claim reserves		<u> </u>	<u> </u>			10,951,706
0699999. Total amounts withheld						
0799999. Total claims unpaid						21,011,968
						,
0899999 Accrued medical incentive pool and bonus amounts						556,410
, vogagaa Accided inedical incentive pool and bonds amounts						330,4 IV

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

	2	3	4	5	6	Admi	ittad
	2	3	4	ິນ	ט	Adiii	illeu o
Name of Affiliate	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	/ Current	8 Non-Current
CVS Caremark Part D Services, L.L.C.	614,889,240	01 00 Days	or so bays	Over 50 Days	Nonadmitted	614,889,240	Non Ganeni
0199999. Individually listed receivables	614,889,240	0	0	0	0	614,889,240	0
0299999. Receivables not individually listed	, , ,					, -,	
0399999 Total gross amounts receivable	614,889,240	0	0	0	0	614,889,240	0

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5
Affiliate	Description	Amount	Current	Non-Current
	NONE			
	NIANE			
0399999 Total gross payables	·			

EXHIBIT 7 PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS

	1	2	3	4	5	6 Column 1
	Direct Medical Expense	Column 1 as a %	Total Members	Column 3 as a %	Column 1 Expenses Paid to	Expenses Paid to Non-Affiliated
Payment Method	Payment	of Total Payments	Covered	of Total Members	Affiliated Providers	Providers
Capitation Payments:						
1. Medical groups	0	0.0		0.0		
2. Intermediaries.	0	0.0		0.0		
3. All other providers	0	0.0		0.0		
4. Total capitation payments.	0	0.0	0	0.0	0	0
Other Payments:						
5. Fee-for-service	0	0.0	XXX	XXX		
6. Contractual fee payments	0	0.0	XXX	XXX		
7. Bonus/withhold arrangements - fee-for-service	0	0.0	XXX	XXX		
8. Bonus/withhold arrangements - contractual fee payments	0	0.0	XXX	XXX		
9. Non-contingent salaries	0	0.0	XXX	XXX		
10. Aggregate cost arrangements	0	0.0	XXX	XXX		
11. All other payments	2,613,540,286	100.0	XXX	XXX	2,613,815,626	(275,340)
12. Total other payments	2,613,540,286	100.0	XXX	XXX	2,613,815,626	(275,340)
13. TOTAL (Line 4 plus Line 12)	2,613,540,286	100%	XXX	XXX	2,613,815,626	(275,340)

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1	2	3	4	5	6
			Average Monthly Capitation	Intermediary's	Intermediary's Authorized Control Level RBC
NAIC Code	Name of Intermediary	Capitation Paid	Capitation	Total Adjusted Capital	Control Level RBC
9999999 Totals			XXX	XXX	XXX

Exhibit 8 - Furniture and Equipment Owned

NONE



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

NAIC Crave Cada 4007 DUCINECO	IN THE CTATE OF	·				DUDING THE VE	TAD 0010	NAIC Company Code		12575
NAIC Group Code 4667 BUSINESS	IN THE STATE OF	Alabama Comprehensive (Hos	enital & Madical)	4	5	DURING THE YE	EAR 2016	NAIC COIT	9 g	12575
	'	2	3	4	3	0		0	9	10
Tota	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	56,342									56,342
2. First Quarter	68,864	0	0	0	0	0	0	0	0	68,864
3. Second Quarter	69,568	0	0	0	0	0	0	0	0	69,568
4. Third Quarter	70,614	0	0	0	0	0	0	0	0	70,614
5. Current Year	71,431	0	0	0	0	0	0	0	0	71,431
6. Current Year Member Months	839,077	0	0	0	0	0	0	0	0	839,077
Total Member Ambulatory Encounters for Year:										
7 Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	C
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	53,145,588	0	0	0	0	0	0	0	0	53,145,588
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	53,195,900	0	0	0	0	0	0	0	0	53,195,900
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	42,206,996	0	0	0	0	0	0	0	0	42,206,996
18 Amount Incurred for Provision of Health Care Services	35,388,972	0	0	0	0	0	0	0	0	35,388,972

⁽a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$53, 145,588



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

								(LOCATIOI	•	12575
NAIC Group Code 4667 BUSINESS	S IN THE STATE OF					DURING THE YE				
	1	Comprehensive (Hos	spital & Medical) 3	4	5	6	7	8	9	10
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	1,278									1,27
2. First Quarter	1,326	0	0	0	0	0	0	0	0	1,32
3. Second Quarter	1,340	0	0	0	0	0	0	0	0	1,34
4. Third Quarter	1,352	0	0	0	0	0	0	0	0	1,35
5. Current Year	1,352	0	0	0	0	0	0	0	0	1,35
6. Current Year Member Months	16,081	0	0	0	0	0	0	0	0	16,08
Total Member Ambulatory Encounters for Year:										
7 Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	ı
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	1,555,808	0	0	0	0	0	0	0	0	1,555,80
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	1,581,726	0	0	0	0	0	0	0	0	1,581,72
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	1,120,630	0	0	0	0	0	0	0	0	1,120,63
18 Amount Incurred for Provision of Health Care Services	935,452	0	0	0	0	0	0	0	0	935,45

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ ______1,555,808



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

								(LOCATIOI	•	12575
NAIC Group Code 4667 BUSINESS	S IN THE STATE OF					DURING THE YE				
	1	Comprehensive (Hos	spital & Medical) 3	4	5	6	7	8	9	10
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	44,503									44,50
2. First Quarter	55,268	0	0	0	0	0	0	0	0	55,26
3. Second Quarter	55,199	0	0	0	0	0	0	0	0	55 , 19
4. Third Quarter	57,719	0	0	0	0	0	0	0	0	57,71
5. Current Year	59,224	0	0	0	0	0	0	0	0	59,22
6. Current Year Member Months	679,424	0	0	0	0	0	0	0	0	679,42
Total Member Ambulatory Encounters for Year:										
7 Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	36,228,118	0	0	0	0	0	0	0	0	36,228,11
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	35,940,875	0	0	0	0	0	0	0	0	35,940,87
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	24,843,573	0	0	0	0	0	0	0	0	24,843,57
18 Amount Incurred for Provision of Health Care Services	20,839,706	0	0	0	0	0	0	0	0	20,839,70



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

NAIO Occurs Octo	NINITUE OTATE OF	. A.d				DUDING THE VE	-AD 0040	(LOCATION		10575
NAIC Group Code 4667 BUSINESS	S IN THE STATE OF	Arkansas Comprehensive (Hos	onital 9 Madical)	4	5	DURING THE YE	EAR 2016	NAIC Com	npany Code 9	12575 10
	'	2	spital & Medical)	4	5	ь	/	8	9	10
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	66,340									66,340
2. First Quarter	82,307	0	0	0	0	0	0	0	0	82,307
3. Second Quarter	83,433	0	0	0	0	0	0	0	0	83,433
4. Third Quarter	85,046	0	0	0	0	0	0	0	0	85,046
5. Current Year	86,641	0	0	0	0	0	0	0	0	86,641
6. Current Year Member Months	1,006,139	0	0	0	0	0	0	0	0	1,006,139
Total Member Ambulatory Encounters for Year:										
7 Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	(
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	46,816,055	0	0	0	0	0	0	0	0	46,816,055
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	49 , 158 , 183	0	0	0	0	0	0	0	0	49 , 158 , 183
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	42,571,725	0	0	0	0	0	0	0	0	42,571,725
18 Amount Incurred for Provision of Health Care Services	35,689,608	0	0	0	0	0	0	0	0	35,689,608

⁽a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

								(LOCATIOI	•	
NAIC Group Code 4667 BUSINESS	S IN THE STATE OF					DURING THE YE			npany Code	12575
	1	Comprehensive (Hos	spital & Medical) 3	4	5	6	7	8	9	10
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	415,336									415,330
2. First Quarter	440,348	0	0	0	0	0	0	0	0	440,34
3. Second Quarter	448,590	0	0	0	0	0	0	0	0	448,59
4. Third Quarter	458,050	0	0	0	0	0	0	0	0	458,05
5. Current Year	464,436	0	0	0	0	0	0	0	0	464,43
6. Current Year Member Months	5,402,758	0	0	0	0	0	0	0	0	5,402,75
Total Member Ambulatory Encounters for Year:										
7 Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	332,016,169	0	0	0	0	0	0	0	0	332,016,16
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	329, 101,841	0	0	0	0	0	0	0	0	329, 101,84
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	303,403,656	0	0	0	0	0	0	0	0	303,403,65
18 Amount Incurred for Provision of Health Care Services	253,665,970	0	0	0	0	0	0	0	0	253,665,970

⁽a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$332,016,169



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

NAIC Crave Cada 4007 DUCINECO	NIN THE CTATE OF	Calamada				DUDING THE VE	TAD 0010	(LOCATION		10575
NAIC Group Code 4667 BUSINESS	S IN THE STATE OF	Colorado Comprehensive (Hos	enital & Madical)	4	5	DURING THE YE	EAR 2016	NAIC Com	pany Code	12575 10
	' h	2	3	4	3	6	,	0	9	10
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	22,935									22,935
2. First Quarter	28,249	0	0	0	0	0	0	0	0	28,249
3. Second Quarter	29,604	0	0	0	0	0	0	0	0	29,604
4. Third Quarter	31,041	0	0	0	0	0	0	0	0	31,041
5. Current Year	32,296	0	0	0	0	0	0	0	0	32,296
6. Current Year Member Months	358,217	0	0	0	0	0	0	0	0	358,217
Total Member Ambulatory Encounters for Year:										
7 Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	(
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	23,054,838	0	0	0	0	0	0	0	0	23,054,838
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	22,025,793	0	0	0	0	0	0	0	0	22,025,793
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	17, 174, 977	0	0	0	0	0	0	0	0	17 , 174 , 977
18 Amount Incurred for Provision of Health Care Services	14,429,174	0	0	0	0	0	0	0	0	14,429,174

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$23,054,838



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

								(LOCATION		
NAIC Group Code 4667 BL	JSINESS IN THE STATE OF					DURING THE YE		NAIC Com	pany Code	12575
	1	Comprehensive (Ho	ospital & Medical) 3	4	5	6	7	8	9	10
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	49,610									49,610
2. First Quarter	53,149	0	0	0	0	0	0	0	0	53,149
3. Second Quarter	52,169	0	0	0	0	0	0	0	0	52,169
4. Third Quarter	52,762	0	0	0	0	0	0	0	0	52,762
5. Current Year	53, 105	0	0	0	0	0	0	0	0	53,105
6. Current Year Member Months	634,204	0	0	0	0	0	0	0	0	634,204
Total Member Ambulatory Encounters for Year:										
7 Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	46,357,749	0	0	0	0	0	0	0	0	46,357,749
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	45,212,698	0	0	0	0	0	0	0	0	45,212,698
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Service	es39,082,239	0	0	0	0	0	0	0	0	39,082,239
18 Amount Incurred for Provision of Health Care Ser	rvices 32,642,280	0	0	0	0	0	0	0	0	32,642,280

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$46,357,749



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

NAIC Crave Cada 4007 DIJCINECO	NINITUE OTATE OF	Deleviere				DUDING THE VI	TAD 0010	(LOCATIOI		10575
NAIC Group Code 4667 BUSINESS	S IN THE STATE OF	Delaware Comprehensive (Hos	enital & Madical)	4	5	DURING THE YE	EAR 2016	NAIC COIT	npany Code 9	12575 10
	'	2	3	4	3	O	,	0	9	10
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	11,645									11,645
2. First Quarter	12,729	0	0	0	0	0	0	0	0	12,729
3. Second Quarter	12,802	0	0	0	0	0	0	0	0	12,802
4. Third Quarter	13,198	0	0	0	0	0	0	0	0	13, 198
5. Current Year	13,379	0	0	0	0	0	0	0	0	13,379
6. Current Year Member Months	155,553	0	0	0	0	0	0	0	0	155,553
Total Member Ambulatory Encounters for Year:										
7 Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	10 , 159 , 534	0	0	0	0	0	0	0	0	10 , 159 , 534
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	9,255,218	0	0	0	0	0	0	0	0	9,255,218
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	7,817,756	0	0	0	0	0	0	0	0	7,817,756
18 Amount Incurred for Provision of Health Care Services	6,540,244	0	0	0	0	0	0	0	0	6,540,244

⁽a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$10, 159,534



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

NAIC Crave Cada 4007 DUCINE	O IN THE CTATE OF	District of Column	l=:=			DUDING THE VI	TAD 0010	NAIC Com		10575
NAIC Group Code 4667 BUSINES	SS IN THE STATE OF	District of Colum Comprehensive (Hos		4	5	DURING THE YE	EAR 2016 I 7 I	NAIC Com	pany Code	12575 10
	'	2	3	4	3	6	,	0	9	10
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	6,189									6, 189
2. First Quarter	6,593	0	0	0	0	0	0	0	0	6,593
3. Second Quarter	6,303	0	0	0	0	0	0	0	0	6,303
4. Third Quarter	6,418	0	0	0	0	0	0	0	0	6,418
5. Current Year	6,430	0	0	0	0	0	0	0	0	6,430
6. Current Year Member Months	77,373	0	0	0	0	0	0	0	0	77,373
Total Member Ambulatory Encounters for Year:										
7 Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	C
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	6,534,671	0	0	0	0	0	0	0	0	6,534,671
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	5,948,146	0	0	0	0	0	0	0	0	5,948,146
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	4,507,711	0	0	0	0	0	0	0	0	4,507,711
18 Amount Incurred for Provision of Health Care Services	3,767,664	0	0	0	0	0	0	0	0	3,767,664



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

								(LOCATIO	•	
NAIC Group Code 4667 BUSINESS	S IN THE STATE OF					DURING THE YE			npany Code	12575
	1	Comprehensive (Hos	spital & Medical) 3	4	5	6	7	8	9	10
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	140,670									140,670
2. First Quarter	174,100	0	0	0	0	0	0	0	0	174, 100
3. Second Quarter	179,775	0	0	0	0	0	0	0	0	179,775
4. Third Quarter	186,334	0	0	0	0	0	0	0	0	186,334
5. Current Year	192,892	0	0	0	0	0	0	0	0	192,892
6. Current Year Member Months	2,176,527	0	0	0	0	0	0	0	0	2,176,52
Total Member Ambulatory Encounters for Year:										
7 Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	(
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	154 , 127 , 676	0	0	0	0	0	0	0	0	154 , 127 , 676
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned.	143 , 185 , 276	0	0	0	0	0	0	0	0	143 , 185 , 276
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	115,598,250	0	0	0	0	0	0	0	0	115,598,250
18 Amount Incurred for Provision of Health Care Services	97,082,348	0	0	0	0	0	0	0	0	97,082,348



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

NAIGO O I 1007 BUOINEO	0 IN THE OTATE OF					DUDING THE VE	- A D	(LOCATION		10575
NAIC Group Code 4667 BUSINES	S IN THE STATE OF	Georgia Comprehensive (Hos	anital & Madical)	4	5	DURING THE YE	EAR 2016	NAIC Con	npany Code 9	12575 10
	'	2	3	4	5	0	/	0	9	10
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	116,865									116,865
2. First Quarter	149,301	0	0	0	0	0	0	0	0	149,301
3. Second Quarter	146,482	0	0	0	0	0	0	0	0	146,482
4. Third Quarter	150,648	0	0	0	0	0	0	0	0	150,648
5. Current Year	153,354	0	0	0	0	0	0	0	0	153,354
6. Current Year Member Months	1,802,363	0	0	0	0	0	0	0	0	1,802,363
Total Member Ambulatory Encounters for Year:										
7 Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	C
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	111,439,089	0	0	0	0	0	0	0	0	111,439,089
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	110,366,346	0	0	0	0	0	0	0	0	110,366,346
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	93,828,525	0	0	0	0	0	0	0	0	93,828,525
18 Amount Incurred for Provision of Health Care Services	78,776,161	0	0	0	0	0	0	0	0	78,776,161

⁽a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$111,439,089



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

								(LOCATIO	•	
NAIC Group Code 4667 BUSINESS	S IN THE STATE OF					DURING THE YE			npany Code	12575
	1	Comprehensive (Hos	spital & Medical) 3	4	5	6	7	8	9	10
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	2,761									2,76
2. First Quarter	8,604	0	0	0	0	0	0	0	0	8,604
3. Second Quarter	8,794	0	0	0	0	0	0	0	0	8,79
4. Third Quarter	9,242	0	0	0	0	0	0	0	0	9,242
5. Current Year	9,476	0	0	0	0	0	0	0	0	9,476
6. Current Year Member Months	107,117	0	0	0	0	0	0	0	0	107, 117
Total Member Ambulatory Encounters for Year:										
7 Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	(
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	7,446,497	0	0	0	0	0	0	0	0	7,446,49
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	6,219,105	0	0	0	0	0	0	0	0	6,219,10
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	3,961,479	0	0	0	0	0	0	0	0	3,961,479
18 Amount Incurred for Provision of Health Care Services	3,376,795	0	0	0	0	0	0	0	0	3,376,795

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$7,446,497



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

NAIC Group Code 4667 BUSINESS	IN THE STATE OF	Idaho				DURING THE YE	-AD 2016	NAIC Com	pany Code	12575
NAIC Group Code 4007 BUSINESS	1 IN THE STATE OF	Comprehensive (Hos	nital & Medical)	4	5	6	EAR 2016 I 7 I	NAIC COII	9	12575
	'	2	3	7	J		,	Ů	ŭ	10
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	14,070									14,070
2. First Quarter	18,595	0	0	0	0	0	0	0	0	18,595
3. Second Quarter	19,032	0	0	0	0	0	0	0	0	19,032
4. Third Quarter	19,686	0	0	0	0	0	0	0	0	19,686
5. Current Year	20,211	0	0	0	0	0	0	0	0	20,211
6. Current Year Member Months	230,134	0	0	0	0	0	0	0	0	230,134
Total Member Ambulatory Encounters for Year:										
7 Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	C
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	13,802,378	0	0	0	0	0	0	0	0	13,802,378
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	14,201,186	0	0	0	0	0	0	0	0	14,201,186
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	10,891,314	0	0	0	0	0	0	0	0	10,891,314
18 Amount Incurred for Provision of Health Care Services	9,134,497	0	0	0	0	0	0	0	0	9,134,497

⁽a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

NAIC Group Code 4667 BUSINESS	S IN THE STATE OF	Illinois				DURING THE YE	EAR 2016	NAIC Com	pany Code	12575
NAIC Group Code 4007 BOSINESS	1	Comprehensive (Hos	snital & Medical)	4	5	6	7 2010	8	9	12373
	·	2	3	•	ŭ		,	Ü		10
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	110,446									110,446
2. First Quarter	139,525	0	0	0	0	0	0	0	0	139,525
3. Second Quarter	144,114	0	0	0	0	0	0	0	0	144,114
4. Third Quarter	150,200	0	0	0	0	0	0	0	0	150,200
5. Current Year	152,884	0	0	0	0	0	0	0	0	152,884
6. Current Year Member Months	1,742,961	0	0	0	0	0	0	0	0	1,742,961
Total Member Ambulatory Encounters for Year:										
7 Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	(
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	98,648,024	0	0	0	0	0	0	0	0	98,648,024
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	100,237,603	0	0	0	0	0	0	0	0	100,237,603
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	79,050,839	0	0	0	0	0	0	0	0	79,050,839
18 Amount Incurred for Provision of Health Care Services	66,315,514	0	0	0	0	0	0	0	0	66,315,514

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$98,648,024



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

								(LOCATIO	•	
NAIC Group Code 4667 BUSINESS	S IN THE STATE OF					DURING THE YE			npany Code	12575
	1	Comprehensive (Hos	spital & Medical) 3	4	5	6	7	8	9	10
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	74 , 130									74 , 130
2. First Quarter	100,434	0	0	0	0	0	0	0	0	100 , 434
3. Second Quarter	100,915	0	0	0	0	0	0	0	0	100,915
4. Third Quarter	105,230	0	0	0	0	0	0	0	0	105,230
5. Current Year	107,396	0	0	0	0	0	0	0	0	107,396
6. Current Year Member Months	1,236,109	0	0	0	0	0	0	0	0	1,236,109
Total Member Ambulatory Encounters for Year:										
7 Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	(
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	68 , 113 , 632	0	0	0	0	0	0	0	0	68 , 113 , 632
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned.	67,057,014	0	0	0	0	0	0	0	0	67,057,014
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	61,140,045	0	0	0	0	0	0	0	0	61,140,04
18 Amount Incurred for Provision of Health Care Services	51,356,867	0	0	0	0	0	0	0	0	51,356,867



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

								(LOCATIOI	•	
NAIC Group Code 4667 BUSINESS	IN THE STATE OF		1			DURING THE YE			npany Code	12575
	1	Comprehensive (Hos	spital & Medical) 3	4	5	6	7	8	9	10
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	46,922									46,92
2. First Quarter	56,242	0	0	0	0	0	0	0	0	56,24
3. Second Quarter	56,144	0	0	0	0	0	0	0	0	56,14
4. Third Quarter	57,228	0	0	0	0	0	0	0	0	57,22
5. Current Year	57,835	0	0	0	0	0	0	0	0	57,83
6. Current Year Member Months	680,129	0	0	0	0	0	0	0	0	680,12
Total Member Ambulatory Encounters for Year:										
7 Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	44,801,333	0	0	0	0	0	0	0	0	44,801,33
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	44,362,177	0	0	0	0	0	0	0	0	44,362,17
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	35,988,806	0	0	0	0	0	0	0	0	35,988,80
18 Amount Incurred for Provision of Health Care Services	30,139,401	0	0	0	0	0	0	0	0	30,139,40

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$44,801,333



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

								(LOCATIOI	•	
NAIC Group Code 4667 BUSINESS	S IN THE STATE OF					DURING THE YE			npany Code	12575
	1	Comprehensive (Hos	spital & Medical) 3	4	5	6	7	8	9	10
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	41,928									41,92
2. First Quarter	56,813	0	0	0	0	0	0	0	0	56,81
3. Second Quarter	57,727	0	0	0	0	0	0	0	0	57,72
4. Third Quarter	59,251	0	0	0	0	0	0	0	0	59,25
5. Current Year	60,359	0	0	0	0	0	0	0	0	60,35
6. Current Year Member Months	698,140	0	0	0	0	0	0	0	0	698,14
Total Member Ambulatory Encounters for Year:										
7 Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	ı
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	37,646,308	0	0	0	0	0	0	0	0	37,646,30
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	37,778,455	0	0	0	0	0	0	0	0	37,778,45
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	33,062,274	0	0	0	0	0	0	0	0	33,062,27
18 Amount Incurred for Provision of Health Care Services	27,773,910	0	0	0	0	0	0	0	0	27,773,91

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$37,646,308



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

								(LOCATIOI	•	
NAIC Group Code 4667 BUSINESS	S IN THE STATE OF					DURING THE YE			npany Code	12575
	1	Comprehensive (Hos	spital & Medical) 3	4	5	6	7	8	9	10
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	69,275									69,27
2. First Quarter	86,000	0	0	0	0	0	0	0	0	86,00
3. Second Quarter	84,188	0	0	0	0	0	0	0	0	84 , 18
4. Third Quarter	87,050	0	0	0	0	0	0	0	0	87,05
5. Current Year	88,204	0	0	0	0	0	0	0	0	88,20
6. Current Year Member Months	1,038,431	0	0	0	0	0	0	0	0	1,038,43
Total Member Ambulatory Encounters for Year:										
7 Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	ı
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	60,309,998	0	0	0	0	0	0	0	0	60,309,99
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	59,675,512	0	0	0	0	0	0	0	0	59,675,51
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	52,914,244	0	0	0	0	0	0	0	0	52,914,24
18 Amount Incurred for Provision of Health Care Services	44,347,436	0	0	0	0	0	0	0	0	44,347,43

⁽a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

								(LOCATIOI	•	
NAIC Group Code 4667 BUSINESS	S IN THE STATE OF					DURING THE YE			npany Code	12575
	1	Comprehensive (Hos	spital & Medical) 3	4	5	6	7	8	9	10
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	78,329									78,329
2. First Quarter	88,646	0	0	0	0	0	0	0	0	88,646
3. Second Quarter	86,633	0	0	0	0	0	0	0	0	86,630
4. Third Quarter	88,030	0	0	0	0	0	0	0	0	88,030
5. Current Year	88,711	0	0	0	0	0	0	0	0	88,71
6. Current Year Member Months	1,060,066	0	0	0	0	0	0	0	0	1,060,066
Total Member Ambulatory Encounters for Year:										
7 Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	(
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	63,515,216	0	0	0	0	0	0	0	0	63,515,216
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	65,917,099	0	0	0	0	0	0	0	0	65,917,099
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	60,689,055	0	0	0	0	0	0	0	0	60,689,05
18 Amount Incurred for Provision of Health Care Services	50,745,564	0	0	0	0	0	0	0	0	50,745,564



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

2. Nashville, TN Silverscript Insurance Company REPORT FOR: 1. CORPORATION (LOCATION)

								(LOCATIOI	•	
NAIC Group Code 4667 BUSINESS	IN THE STATE OF		1			DURING THE YE			npany Code	12575
	1	Comprehensive (Hos	spital & Medical) 3	4	5	6	7	8	9	10
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	7,104									7 , 104
2. First Quarter	8,627	0	0	0	0	0	0	0	0	8,627
3. Second Quarter	8,929	0	0	0	0	0	0	0	0	8,929
4. Third Quarter	9,506	0	0	0	0	0	0	0	0	9,506
5. Current Year	9,798	0	0	0	0	0	0	0	0	9,798
6. Current Year Member Months	108,938	0	0	0	0	0	0	0	0	108,938
Total Member Ambulatory Encounters for Year:										
7 Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	(
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	6,284,623	0	0	0	0	0	0	0	0	6,284,623
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	5,871,313	0	0	0	0	0	0	0	0	5,871,313
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	4,520,167	0	0	0	0	0	0	0	0	4,520,167
18 Amount Incurred for Provision of Health Care Services	3,798,217	0	0	0	0	0	0	0	0	3,798,217



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

								(LOCATIOI	•	
NAIC Group Code 4667 BUSINESS	IN THE STATE OF					DURING THE YE			npany Code	12575
	1	Comprehensive (Hos	spital & Medical) 3	4	5	6	7	8	9	10
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	61,723									61,72
2. First Quarter	67,032	0	0	0	0	0	0	0	0	67,03
3. Second Quarter	66,453	0	0	0	0	0	0	0	0	66,45
4. Third Quarter	67,947	0	0	0	0	0	0	0	0	67,94
5. Current Year	68,513	0	0	0	0	0	0	0	0	68,51
6. Current Year Member Months	808,047	0	0	0	0	0	0	0	0	808,04
Total Member Ambulatory Encounters for Year:										
7 Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	ı
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	56,153,275	0	0	0	0	0	0	0	0	56, 153, 27
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	51,330,120	0	0	0	0	0	0	0	0	51,330,12
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	41,067,148	0	0	0	0	0	0	0	0	41,067,14
18 Amount Incurred for Provision of Health Care Services	34,324,968	0	0	0	0	0	0	0	0	34,324,96

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$56, 153,275



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

NAIC Group Code 4667 BUSINESS	S IN THE STATE OF	Massachusetts				DURING THE YE	TAD 2016	(LOCATION	pany Code	12575
NAIC Group Code 4667 BUSINES	1 IN THE STATE OF	Comprehensive (Hos	nital & Medical)	4	5	DURING THE YE	EAR 2016	NAIC COII	9	12575
	'	2	3	7	3	Ů	,	Ö	3	10
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	119,356									119,356
2. First Quarter	124,788	0	0	0	0	0	0	0	0	124,788
3. Second Quarter	121,612	0	0	0	0	0	0	0	0	121,612
4. Third Quarter	122,602	0	0	0	0	0	0	0	0	122,602
5. Current Year	122, 161	0	0	0	0	0	0	0	0	122,161
6. Current Year Member Months	1,476,561	0	0	0	0	0	0	0	0	1,476,561
Total Member Ambulatory Encounters for Year:										
7 Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	C
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	112,507,421	0	0	0	0	0	0	0	0	112,507,421
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	109,592,063	0	0	0	0	0	0	0	0	109,592,063
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	77,889,074	0	0	0	0	0	0	0	0	77,889,074
18 Amount Incurred for Provision of Health Care Services	65,017,653	0	0	0	0	0	0	0	0	65,017,653

⁽a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$112,507,421



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

NAIGO O I 1007 BUOINEO	0 IN THE 0TATE OF					DUDING THE VE	- A D 0040	(LOCATION		10575
NAIC Group Code 4667 BUSINES	S IN THE STATE OF		onital 9 Madical)	4	5	DURING THE YE	EAR 2016	NAIC Com	npany Code 9	12575
	'	Comprehensive (Hos	3	4	5	6	/	8	9	10
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	77,408									77,408
2. First Quarter	90,010	0	0	0	0	0	0	0	0	90,010
3. Second Quarter	91,121	0	0	0	0	0	0	0	0	91,121
4. Third Quarter	94,050	0	0	0	0	0	0	0	0	94,050
5. Current Year	95,679	0	0	0	0	0	0	0	0	95,679
6. Current Year Member Months	1,106,349	0	0	0	0	0	0	0	0	1,106,349
Total Member Ambulatory Encounters for Year:										
7 Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	(
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	74,488,999	0	0	0	0	0	0	0	0	74,488,999
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	71,956,816	0	0	0	0	0	0	0	0	71,956,816
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	57,658,090	0	0	0	0	0	0	0	0	57,658,090
18 Amount Incurred for Provision of Health Care Services	48,271,760	0	0	0	0	0	0	0	0	48,271,760



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

NAIO 0 0d. 4007 PHOINTEG	NINITUE OTATE OF	Minnes				DUDING THE V	-AD 0040	(LOCATION		40575
NAIC Group Code 4667 BUSINESS	S IN THE STATE OF	Minnesota Comprehensive (Hos	anital & Madical)	4	5	DURING THE YE	EAR 2016 I 7 I	NAIC Com	pany Code	12575 10
	'	2	3	4	5	0	,	0	9	10
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	50,661									50,661
2. First Quarter	64,489	0	0	0	0	0	0	0	0	64,489
3. Second Quarter	64,254	0	0	0	0	0	0	0	0	64,254
4. Third Quarter	66,093	0	0	0	0	0	0	0	0	66,093
5. Current Year	66,894	0	0	0	0	0	0	0	0	66,894
6. Current Year Member Months	781,886	0	0	0	0	0	0	0	0	781,886
Total Member Ambulatory Encounters for Year:										
7 Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	C
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	52,050,226	0	0	0	0	0	0	0	0	52,050,226
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	51,488,231	0	0	0	0	0	0	0	0	51,488,231
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	39,133,611	0	0	0	0	0	0	0	0	39,133,611
18 Amount Incurred for Provision of Health Care Services	32,811,353	0	0	0	0	0	0	0	0	32,811,353



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

NAIO Oceano Oceale 4007 DUOINEO	O IN THE OTATE OF	Minutestant				DUDING THE VE	-AD 0040	(LOCATION		10575
NAIC Group Code 4667 BUSINES	S IN THE STATE OF	Mississippi Comprehensive (Hos	onital 9 Madical)	4	5	DURING THE YE	EAR 2016	NAIC Com	npany Code 9	12575 10
	'	2	3	4	5	ь	/	8	9	10
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	62,510									62,510
2. First Quarter	82,144	0	0	0	0	0	0	0	0	82,144
3. Second Quarter	83,555	0	0	0	0	0	0	0	0	83,555
4. Third Quarter	84,987	0	0	0	0	0	0	0	0	84,987
5. Current Year	86,178	0	0	0	0	0	0	0	0	86,178
6. Current Year Member Months	1,005,573	0	0	0	0	0	0	0	0	1,005,573
Total Member Ambulatory Encounters for Year:										
7 Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	(
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	54,335,419	0	0	0	0	0	0	0	0	54,335,419
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0		·					·····		
15. Health Premiums Earned	57,632,712	0	0	0	0	0	0	0	0	57,632,712
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	50 , 364 , 153	0	0	0	0	0	0	0	0	50,364,153
18 Amount Incurred for Provision of Health Care Services	42,314,757	0	0	0	0	0	0	0	0	42,314,757

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$54,335,419



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

NAIC Crave Cada 4007 DUCINECO		Minner				DUDING THE VE	TAD 0010	(LOCATIOI		10575
NAIC Group Code 4667 BUSINESS	S IN THE STATE OF	Missouri Comprehensive (Hos	enital & Madical)	4	5	DURING THE YE	EAR 2016	NAIC COIT	npany Code 9	12575 10
	'	2	3	4	3	0	,	0	9	10
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	117,780									117,780
2. First Quarter	133,274	0	0	0	0	0	0	0	0	133,274
3. Second Quarter	129,579	0	0	0	0	0	0	0	0	129,579
4. Third Quarter	133,003	0	0	0	0	0	0	0	0	133,003
5. Current Year	134,293	0	0	0	0	0	0	0	0	134,293
6. Current Year Member Months	1,597,460	0	0	0	0	0	0	0	0	1,597,460
Total Member Ambulatory Encounters for Year:										
7 Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	(
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	102,499,475	0	0	0	0	0	0	0	0	102,499,475
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	101,731,340	0	0	0	0	0	0	0	0	101,731,340
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	94,182,909	0	0	0	0	0	0	0	0	94, 182,909
18 Amount Incurred for Provision of Health Care Services	78,821,590	0	0	0	0	0	0	0	0	78,821,590



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

								(LOCATIOI	•	
IAIC Group Code 4667 BUSINESS	S IN THE STATE OF					DURING THE YE			npany Code	12575
	1	Comprehensive (Hos	spital & Medical) 3	4	5	6	7	8	9	10
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	14,673									14,67
2. First Quarter	17,185	0	0	0	0	0	0	0	0	17, 18
3. Second Quarter	17,313	0	0	0	0	0	0	0	0	17,31
4. Third Quarter	17,715	0	0	0	0	0	0	0	0	17,71
5. Current Year	18,056	0	0	0	0	0	0	0	0	18,05
6. Current Year Member Months	209,919	0	0	0	0	0	0	0	0	209,91
Total Member Ambulatory Encounters for Year:										
7 Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	12,993,347	0	0	0	0	0	0	0	0	12,993,34
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	12,865,915	0	0	0	0	0	0	0	0	12,865,91
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	10 , 183 , 917	0	0	0	0	0	0	0	0	10 , 183 , 91
18 Amount Incurred for Provision of Health Care Services	8,525,407	0	0	0	0	0	0	0	0	8,525,40

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$12,993,347



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

NAIC Crave Cada 4007 DIJCINECO	NINITUE OTATE OF	Nahwaalia				DUDING THE VE	TAD 0010	(LOCATION		10575
NAIC Group Code 4667 BUSINESS	S IN THE STATE OF	Nebraska Comprehensive (Hos	anital & Madical)	4	5	DURING THE YE	EAR 2016	NAIC Com	npany Code 9	12575 10
	'	2	3	4	5	0	,	0	9	10
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	27,866									27,866
2. First Quarter	34,099	0	0	0	0	0	0	0	0	34,099
3. Second Quarter	34,082	0	0	0	0	0	0	0	0	34,082
4. Third Quarter	34,955	0	0	0	0	0	0	0	0	34,955
5. Current Year	35,243	0	0	0	0	0	0	0	0	35,243
6. Current Year Member Months	414,126	0	0	0	0	0	0	0	0	414,126
Total Member Ambulatory Encounters for Year:										
7 Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	(
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	25 , 584 , 385	0	0	0	0	0	0	0	0	25 , 584 , 385
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	25,326,996	0	0	0	0	0	0	0	0	25,326,996
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	22,977,373	0	0	0	0	0	0	0	0	22,977,373
18 Amount Incurred for Provision of Health Care Services	19,259,656	0	0	0	0	0	0	0	0	19,259,656

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ _____25,584,385



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

NAIC Group Code 4667 BUSINESS	IN THE STATE OF	- Nevada				DURING THE YE	EAR 2016	NAIC Cor	pany Code	12575
AAIC Gloup Code 4007 BOSINESS	1	Comprehensive (Hos	spital & Medical)	4	5	6	7	8	g I	10
	·	2	3		· ·		,	Ŭ	· ·	.0
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	11,497									11,497
2. First Quarter	12,669	0	0	0	0	0	0	0	0	12,669
3. Second Quarter	12,213	0	0	0	0	0	0	0	0	12,213
4. Third Quarter	12,825	0	0	0	0	0	0	0	0	12,825
5. Current Year	13,004	0	0	0	0	0	0	0	0	13,004
6. Current Year Member Months	152,539	0	0	0	0	0	0	0	0	152,539
Total Member Ambulatory Encounters for Year:										
7 Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	10,735,548	0	0	0	0	0	0	0	0	10 , 735 , 548
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	10,321,068	0	0	0	0	0	0	0	0	10,321,068
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	7,457,588	0	0	0	0	0	0	0	0	7,457,588
18 Amount Incurred for Provision of Health Care Services	6,229,804	0	0	0	0	0	0	0	0	6,229,804

⁽a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products and number of persons insured under indemnity only products

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$10,735,548



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

NAIC Crave Cada 4007 DIJCINECO	NINITUE OTATE OF	Na Hamanahina				DUDING THE VE	TAD 0010	(LOCATION		10575
NAIC Group Code 4667 BUSINESS	S IN THE STATE OF	New Hampshire Comprehensive (Hos	nital & Madical)	4	5	DURING THE YE	EAR 2016	NAIC COIT	pany Code	12575 10
	,	2	3	4	3	0	,	0	9	10
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	11,621									11,621
2. First Quarter	14,151	0	0	0	0	0	0	0	0	14, 151
3. Second Quarter	14,447	0	0	0	0	0	0	0	0	14,447
4. Third Quarter	14,929	0	0	0	0	0	0	0	0	14,929
5. Current Year	15,218	0	0	0	0	0	0	0	0	15,218
6. Current Year Member Months	174,974	0	0	0	0	0	0	0	0	174,974
Total Member Ambulatory Encounters for Year:										
7 Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	10,405,555	0	0	0	0	0	0	0	0	10,405,555
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	9,759,013	0	0	0	0	0	0	0	0	9,759,013
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	8,063,443	0	0	0	0	0	0	0	0	8,063,443
18 Amount Incurred for Provision of Health Care Services	6,762,462	0	0	0	0	0	0	0	0	6,762,462

⁽a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products and number of persons insured under indemnity only products

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$10,405,555



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

								(LOCATIOI	•	
NAIC Group Code 4667 BUSINESS	S IN THE STATE OF		': 10 M P P	4		DURING THE YE	EAR 2016 I 7 I		npany Code	12575
	1	Comprehensive (Hos	spital & Medical) 3	4	5	6	/	8	9	10
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	106,280									106,280
2. First Quarter	120,626	0	0	0	0	0	0	0	0	120,626
3. Second Quarter	119,045	0	0	0	0	0	0	0	0	119,045
4. Third Quarter	120,634	0	0	0	0	0	0	0	0	120,634
5. Current Year	120,877	0	0	0	0	0	0	0	0	120,87
6. Current Year Member Months	1,444,311	0	0	0	0	0	0	0	0	1,444,31
Total Member Ambulatory Encounters for Year:										
7 Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	(
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	103,903,666	0	0	0	0	0	0	0	0	103,903,666
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	99,945,012	0	0	0	0	0	0	0	0	99,945,01
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	86,462,676	0	0	0	0	0	0	0	0	86,462,676
18 Amount Incurred for Provision of Health Care Services	72,403,957	0	0	0	0	0	0	0	0	72,403,95



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

NAIO Outros Octobre 4007 DUOINEO	NIN THE OTATE OF	Name Manda a				DUDING THE VE	-AD 0040	(LOCATION		40575
NAIC Group Code 4667 BUSINESS	S IN THE STATE OF	New Mexico Comprehensive (Hos	nital 9 Madical)	4	5	DURING THE YE	EAR 2016	NAIC Com	npany Code 9	12575 10
	'	2	3	4	5	6	/	8	9	10
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	31,992									31,992
2. First Quarter	34,948	0	0	0	0	0	0	0	0	34,948
3. Second Quarter	35,329	0	0	0	0	0	0	0	0	35,329
4. Third Quarter	36,076	0	0	0	0	0	0	0	0	36,076
5. Current Year	36,688	0	0	0	0	0	0	0	0	36,688
6. Current Year Member Months	426,667	0	0	0	0	0	0	0	0	426,667
Total Member Ambulatory Encounters for Year:										
7 Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	20,959,928	0	0	0	0	0	0	0	0	20,959,928
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	21,499,339	0	0	0	0	0	0	0	0	21,499,339
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	15,377,735	0	0	0	0	0	0	0	0	15,377,735
18 Amount Incurred for Provision of Health Care Services	12,843,473	0	0	0	0	0	0	0	0	12,843,473



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

NAIC Crave Code 4007 DUCINECO		Na Vaul				DUDING THE VE	TAD 0010	(LOCATION		10575
NAIC Group Code 4667 BUSINES:	S IN THE STATE OF	New York Comprehensive (Hos	enital & Madical)	4	5	DURING THE YE	EAR 2016	NAIC COIT	npany Code 9	12575 10
	'	2	3	4	3	0	,	0	9	10
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	208,009									208,009
2. First Quarter	244,114	0	0	0	0	0	0	0	0	244,114
3. Second Quarter	244,471	0	0	0	0	0	0	0	0	244,471
4. Third Quarter	246,597	0	0	0	0	0	0	0	0	246,597
5. Current Year	247,209	0	0	0	0	0	0	0	0	247,209
6. Current Year Member Months	2,944,311	0	0	0	0	0	0	0	0	2,944,311
Total Member Ambulatory Encounters for Year:										
7 Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	(
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	196,878,211	0	0	0	0	0	0	0	0	196,878,211
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	200,753,574	0	0	0	0	0	0	0	0	200,753,574
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	174,904,068	0	0	0	0	0	0	0	0	174,904,068
18 Amount Incurred for Provision of Health Care Services	146,421,154	0	0	0	0	0	0	0	0	146,421,154

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$196,878,211



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

NAME OF THE PROPERTY OF THE PR	0 IV. T. IE 0T 1 TE 0E					DUDING THE VI	-10	(LOCATION		
NAIC Group Code 4667 BUSINES	S IN THE STATE OF		it-1 0 Mii1)	4	5	DURING THE YE	EAR 2016	NAIC Com	npany Code 9	12575
	'	Comprehensive (Hos	spital & Medical)	4	5	6	/	8	9	10
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	136,774									136,774
2. First Quarter	168,066	0	0	0	0	0	0	0	0	168,066
3. Second Quarter	169,857	0	0	0	0	0	0	0	0	169,857
4. Third Quarter	173,129	0	0	0	0	0	0	0	0	173 , 129
5. Current Year	175,897	0	0	0	0	0	0	0	0	175,897
6. Current Year Member Months	2,051,511	0	0	0	0	0	0	0	0	2,051,511
Total Member Ambulatory Encounters for Year:										
7 Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	C
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	128,429,302	0	0	0	0	0	0	0	0	128,429,302
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	128,054,682	0	0	0	0	0	0	0	0	128,054,682
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	110,850,138	0	0	0	0	0	0	0	0	110,850,138
18 Amount Incurred for Provision of Health Care Services	93,004,678	0	0	0	0	0	0	0	0	93,004,678



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

								(LOCATION	•	
NAIC Group Code 4667 BUSINESS	S IN THE STATE OF					DURING THE YE			pany Code	12575
	1	Comprehensive (Hos	spital & Medical) 3	4	5	6	7	8	9	10
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	15,215									15,21
2. First Quarter	18,796	0	0	0	0	0	0	0	0	18,796
3. Second Quarter	18,846	0	0	0	0	0	0	0	0	18,846
4. Third Quarter	19,255	0	0	0	0	0	0	0	0	19,255
5. Current Year	19,421	0	0	0	0	0	0	0	0	19,42
6. Current Year Member Months	228,374	0	0	0	0	0	0	0	0	228,374
Total Member Ambulatory Encounters for Year:										
7 Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	(
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	13,441,939	0	0	0	0	0	0	0	0	13,441,939
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	13,310,871	0	0	0	0	0	0	0	0	13,310,87
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	11,114,241	0	0	0	0	0	0	0	0	11,114,24
18 Amount Incurred for Provision of Health Care Services	9,313,658	0	0	0	0	0	0	0	0	9,313,658

⁽a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products and number of persons insured under indemnity only products



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

NAIC Group Code 4667 BUSINESS	S IN THE STATE OF	Ohio				DURING THE YE	-AD 0016	(LOCATION	npany Code	12575
NAIC Group Code 4007 BUSINESS	1 IN THE STATE OF	Comprehensive (Hos	enital & Medical)	4	5	DURING THE YE	EAR 2016	NAIC COII	9	12575
	'	2	3	7	3		,	O	3	10
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	131,832									131,832
2. First Quarter	195,376	0	0	0	0	0	0	0	0	195,376
3. Second Quarter	198,453	0	0	0	0	0	0	0	0	198,453
4. Third Quarter	204,812	0	0	0	0	0	0	0	0	204,812
5. Current Year	203,677	0	0	0	0	0	0	0	0	203,677
6. Current Year Member Months	2,395,745	0	0	0	0	0	0	0	0	2,395,745
Total Member Ambulatory Encounters for Year:										
7 Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	C
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	143,034,755	0	0	0	0	0	0	0	0	143,034,755
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	142,567,603	0	0	0	0	0	0	0	0	142,567,603
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	115,209,990	0	0	0	0	0	0	0	0	115,209,990
18 Amount Incurred for Provision of Health Care Services	96,866,009	0	0	0	0	0	0	0	0	96,866,009

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$143,034,755



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

								(LOCATIOI	•	
NAIC Group Code 4667 BUSINESS	S IN THE STATE OF					DURING THE YE			npany Code	12575
	1	Comprehensive (Hos	spital & Medical) 3	4	5	6	7	8	9	10
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	65,531									65,53
2. First Quarter	72,253	0	0	0	0	0	0	0	0	72,25
3. Second Quarter	72,938	0	0	0	0	0	0	0	0	72,93
4. Third Quarter	73,784	0	0	0	0	0	0	0	0	73,78
5. Current Year	74,439	0	0	0	0	0	0	0	0	74,43
6. Current Year Member Months	877,963	0	0	0	0	0	0	0	0	877,96
Total Member Ambulatory Encounters for Year:										
7 Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	58,566,793	0	0	0	0	0	0	0	0	58,566,79
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	59,080,818	0	0	0	0	0	0	0	0	59,080,81
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	47, 182, 267	0	0	0	0	0	0	0	0	47, 182, 26
18 Amount Incurred for Provision of Health Care Services	39,454,894	0	0	0	0	0	0	0	0	39,454,89

⁽a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

NAIO Oceano Ocale A007 DUOINEOO	NINITUE OTATE OF					DUDING THE V	-AD 0040	(LOCATION		40575
NAIC Group Code 4667 BUSINESS	S IN THE STATE OF	Oregon Comprehensive (Hos	nital 9 Madical)	4	5	DURING THE YE	EAR 2016 I 7 I	NAIC Com	pany Code	12575 10
	'	2	3	4	5	0	,	0	9	10
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	30 , 175									30 , 175
2. First Quarter	33,899	0	0	0	0	0	0	0	0	33,899
3. Second Quarter	34,609	0	0	0	0	0	0	0	0	34,609
4. Third Quarter	35,592	0	0	0	0	0	0	0	0	35,592
5. Current Year	36,480	0	0	0	0	0	0	0	0	36,480
6. Current Year Member Months	418,641	0	0	0	0	0	0	0	0	418,64
Total Member Ambulatory Encounters for Year:										
7 Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	(
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	27,217,904	0	0	0	0	0	0	0	0	27,217,904
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	27,004,778	0	0	0	0	0	0	0	0	27,004,778
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	18,432,341	0	0	0	0	0	0	0	0	18,432,34
18 Amount Incurred for Provision of Health Care Services	15,425,097	0	0	0	0	0	0	0	0	15,425,097

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$27,217,904



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

NAIO Occurs Octo		. Dammar dammir				DUDING THE V	-AD 0040	(LOCATION		10575
NAIC Group Code 4667 BUSINES	SS IN THE STATE OF	Pennsylvania Comprehensive (Hos	nital 9 Madical)	4	5	DURING THE YE	EAR 2016	NAIC Com	npany Code 9	12575 10
	'	2	3	4	5	0	,	0	9	10
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	196,378									196,378
2. First Quarter	205,992	0	0	0	0	0	0	0	0	205,992
3. Second Quarter	202,653	0	0	0	0	0	0	0	0	202,653
4. Third Quarter	208,854	0	0	0	0	0	0	0	0	208,854
5. Current Year	209,448	0	0	0	0	0	0	0	0	209,448
6. Current Year Member Months	2,485,855	0	0	0	0	0	0	0	0	2,485,855
Total Member Ambulatory Encounters for Year:										
7 Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	C
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	146,792,728	0	0	0	0	0	0	0	0	146 , 792 , 728
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	142,926,672	0	0	0	0	0	0	0	0	142,926,672
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	121,810,048	0	0	0	0	0	0	0	0	121,810,048
18 Amount Incurred for Provision of Health Care Services	101,623,751	0	0	0	0	0	0	0	0	101,623,751

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$146,792,728



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

								(LOCATIOI	•	
IAIC Group Code 4667 BUSINESS	S IN THE STATE OF		" 10 M " " " T			DURING THE YE			npany Code	12575
	1	Comprehensive (Hos	spital & Medical) 3	4	5	6	7	8	9	10
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	19,002									19,002
2. First Quarter	19,834	0	0	0	0	0	0	0	0	19,834
3. Second Quarter	19,277	0	0	0	0	0	0	0	0	19,277
4. Third Quarter	19,440	0	0	0	0	0	0	0	0	19,440
5. Current Year	16,131	0	0	0	0	0	0	0	0	16,13
6. Current Year Member Months	229,278	0	0	0	0	0	0	0	0	229,278
Total Member Ambulatory Encounters for Year:										
7 Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	(
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	16,644,396	0	0	0	0	0	0	0	0	16,644,396
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	16,246,287	0	0	0	0	0	0	0	0	16,246,287
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	12,149,347	0	0	0	0	0	0	0	0	12,149,347
18 Amount Incurred for Provision of Health Care Services	10,125,643	0	0	0	0	0	0	0	0	10,125,643



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

								(LOCATIOI	•	
NAIC Group Code 4667 BUSINESS	S IN THE STATE OF					DURING THE YE			npany Code	12575
	1	Comprehensive (Hos	spital & Medical) 3	4	5	6	7	8	9	10
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	61,832									61,83
2. First Quarter	80,221	0	0	0	0	0	0	0	0	80,22
3. Second Quarter	79,531	0	0	0	0	0	0	0	0	79,53
4. Third Quarter	79,875	0	0	0	0	0	0	0	0	79,87
5. Current Year	80,585	0	0	0	0	0	0	0	0	80,58
6. Current Year Member Months	955,381	0	0	0	0	0	0	0	0	955,38
Total Member Ambulatory Encounters for Year:										
7 Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	59,133,500	0	0	0	0	0	0	0	0	59, 133, 50
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	55 , 557 , 458	0	0	0	0	0	0	0	0	55,557,45
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	49,747,253	0	0	0	0	0	0	0	0	49,747,25
18 Amount Incurred for Provision of Health Care Services	41,776,597	0	0	0	0	0	0	0	0	41,776,59



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

NAIC Crave Code 4007 DUCINEC		Cauth Dalesta				DUDING THE VE	TAD 0010	(LOCATION		10575
NAIC Group Code 4667 BUSINES	S IN THE STATE OF	South Dakota Comprehensive (Hos	enital & Madical)	4	5	DURING THE YE	EAR 2016	NAIC COIT	npany Code 9	12575 10
	1	2	3	4	3	0	,	0	9	10
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	13,960									13,960
2. First Quarter	17,190	0	0	0	0	0	0	0	0	17, 190
3. Second Quarter	17, 151	0	0	0	0	0	0	0	0	17, 151
4. Third Quarter	17,475	0	0	0	0	0	0	0	0	17,475
5. Current Year	17,605	0	0	0	0	0	0	0	0	17,605
6. Current Year Member Months	207,882	0	0	0	0	0	0	0	0	207,882
Total Member Ambulatory Encounters for Year:										
7 Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	C
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	12,941,148	0	0	0	0	0	0	0	0	12,941,148
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	12,809,299	0	0	0	0	0	0	0	0	12,809,299
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	10,670,402	0	0	0	0	0	0	0	0	10,670,402
18 Amount Incurred for Provision of Health Care Services	8,940,048	0	0	0	0	0	0	0	0	8,940,048

⁽a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products and number of persons insured under indemnity only products

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$12,941,148



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

								(LOCATIOI	•	
NAIC Group Code 4667 BUSINESS	S IN THE STATE OF		T			DURING THE YE			npany Code	12575
	1	Comprehensive (Hos	spital & Medical) 3	4	5	6	7	8	9	10
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	67,234									67,23
2. First Quarter	84,955	0	0	0	0	0	0	0	0	84,95
3. Second Quarter	87,649	0	0	0	0	0	0	0	0	87,64
4. Third Quarter	89,287	0	0	0	0	0	0	0	0	89,28
5. Current Year	90,871	0	0	0	0	0	0	0	0	90,87
6. Current Year Member Months	1,048,498	0	0	0	0	0	0	0	0	1,048,49
Total Member Ambulatory Encounters for Year:										
7 Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	62,810,429	0	0	0	0	0	0	0	0	62,810,42
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	62,756,143	0	0	0	0	0	0	0	0	62,756,14
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	52,310,809	0	0	0	0	0	0	0	0	52,310,80
18 Amount Incurred for Provision of Health Care Services	43,887,039	0	0	0	0	0	0	0	0	43,887,03

⁽a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

								(LOCATIO	•	
NAIC Group Code 4667 BUSINESS	S IN THE STATE OF					DURING THE YE			npany Code	12575
	1	Comprehensive (Hos	spital & Medical) 3	4	5	6	7	8	9	10
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	181,901									181,90
2. First Quarter	218,485	0	0	0	0	0	0	0	0	218,485
3. Second Quarter	224,892	0	0	0	0	0	0	0	0	224,892
4. Third Quarter	232,365	0	0	0	0	0	0	0	0	232,365
5. Current Year	238,965	0	0	0	0	0	0	0	0	238,965
6. Current Year Member Months	2,716,877	0	0	0	0	0	0	0	0	2,716,877
Total Member Ambulatory Encounters for Year:										
7 Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	(
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	169,593,670	0	0	0	0	0	0	0	0	169,593,670
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned.	161,762,679	0	0	0	0	0	0	0	0	161,762,679
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	147,218,456	0	0	0	0	0	0	0	0	147,218,456
18 Amount Incurred for Provision of Health Care Services	123,321,620	0	0	0	0	0	0	0	0	123,321,620



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

NAIC Group Code 4667 BUSINESS	IN THE STATE OF	Utah				DURING THE YE	EAR 2016	NAIC Com	pany Code	12575
NAIC Group Code 4007 BOSINESS	1	Comprehensive (Hos	snital & Medical)	4	5	6	7	8	9	10
	·	2	3		ŭ		,		Ů	10
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	10,966									10,966
2. First Quarter	14 , 137	0	0	0	0	0	0	0	0	14 , 137
3. Second Quarter	14,574	0	0	0	0	0	0	0	0	14,574
4. Third Quarter	15,055	0	0	0	0	0	0	0	0	15,055
5. Current Year	15,265	0	0	0	0	0	0	0	0	15,265
6. Current Year Member Months	175,789	0	0	0	0	0	0	0	0	175,789
Total Member Ambulatory Encounters for Year:										
7 Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	C
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	10,672,592	0	0	0	0	0	0	0	0	10,672,592
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	10,985,064	0	0	0	0	0	0	0	0	10,985,064
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	8,636,825	0	0	0	0	0	0	0	0	8,636,825
18 Amount Incurred for Provision of Health Care Services	7,245,023	0	0	0	0	0	0	0	0	7,245,023

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$10,672,592



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

								(LOCATIOI	•	
NAIC Group Code 4667 BUSINESS	S IN THE STATE OF					DURING THE YE			npany Code	12575
	1	Comprehensive (Hos	spital & Medical) 3	4	5	6	7	8	9	10
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	16,619									16,61
2. First Quarter	17,833	0	0	0	0	0	0	0	0	17,83
3. Second Quarter	17,595	0	0	0	0	0	0	0	0	17,59
4. Third Quarter	17,771	0	0	0	0	0	0	0	0	17,77
5. Current Year	17,747	0	0	0	0	0	0	0	0	17,74
6. Current Year Member Months	212,900	0	0	0	0	0	0	0	0	212,90
Total Member Ambulatory Encounters for Year:										
7 Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	13,659,097	0	0	0	0	0	0	0	0	13,659,09
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	13,306,994	0	0	0	0	0	0	0	0	13,306,99
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	11,095,751	0	0	0	0	0	0	0	0	11,095,75
18 Amount Incurred for Provision of Health Care Services	9,272,931	0	0	0	0	0	0	0	0	9,272,93

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$13,659,097



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

								(LOCATIOI	•	
NAIC Group Code 4667 BUSINESS	IN THE STATE OF					DURING THE YE			npany Code	12575
	1	Comprehensive (Hos	spital & Medical) 3	4	5	6	7	8	9	10
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	76,661									76,66
2. First Quarter	91,362	0	0	0	0	0	0	0	0	91,362
3. Second Quarter	92,927	0	0	0	0	0	0	0	0	92,92
4. Third Quarter	94,967	0	0	0	0	0	0	0	0	94,96
5. Current Year	96,373	0	0	0	0	0	0	0	0	96,373
6. Current Year Member Months	1,119,700	0	0	0	0	0	0	0	0	1,119,700
Total Member Ambulatory Encounters for Year:										
7 Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	(
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	67,822,705	0	0	0	0	0	0	0	0	67,822,705
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	63,401,168	0	0	0	0	0	0	0	0	63,401,168
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	53,494,984	0	0	0	0	0	0	0	0	53,494,984
18 Amount Incurred for Provision of Health Care Services	44,818,344	0	0	0	0	0	0	0	0	44,818,344



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

NAIC Group Code 4667 BUSINESS	IN THE STATE OF	Washington				DURING THE YE	AR 2016	NAIC Com	pany Code	12575
NAIC Group Code 4007 BOSINESS	1	Comprehensive (Hos	snital & Medical)	4	5	6	7	8	g I	10
	·	2	3	·	ŭ		,		Ü	10
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	68,104									68 , 104
2. First Quarter	75,763	0	0	0	0	0	0	0	0	75,763
3. Second Quarter	76,653	0	0	0	0	0	0	0	0	76,653
4. Third Quarter	77,829	0	0	0	0	0	0	0	0	77,829
5. Current Year	78,603	0	0	0	0	0	0	0	0	78,603
6. Current Year Member Months	923,196	0	0	0	0	0	0	0	0	923, 196
Total Member Ambulatory Encounters for Year:										
7 Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	(
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	59,702,738	0	0	0	0	0	0	0	0	59,702,738
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	59,284,635	0	0	0	0	0	0	0	0	59,284,635
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	41,626,353	0	0	0	0	0	0	0	0	41,626,353
18 Amount Incurred for Provision of Health Care Services	34,802,983	0	0	0	0	0	0	0	0	34,802,983



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

NAIGO O I 1007 BUOINEO	0 11 71 5 07 4 7 5 0 5					DUDING THE VE	- 4 D	(LOCATION		10575
NAIC Group Code 4667 BUSINES	S IN THE STATE OF	West Virginia Comprehensive (Hos	nital 9 Madical)	4	5	DURING THE YE	EAR 2016	NAIC Com	npany Code 9	12575 10
	'	2	3	4	5	ь	/	8	9	10
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	44,005									44,005
2. First Quarter	45,494	0	0	0	0	0	0	0	0	45,494
3. Second Quarter	44 , 167	0	0	0	0	0	0	0	0	44, 167
4. Third Quarter	45,315	0	0	0	0	0	0	0	0	45,315
5. Current Year	41,455	0	0	0	0	0	0	0	0	41,455
6. Current Year Member Months	536,026	0	0	0	0	0	0	0	0	536,026
Total Member Ambulatory Encounters for Year:										
7 Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	(
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	38,001,962	0	0	0	0	0	0	0	0	38,001,962
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	37,095,009	0	0	0	0	0	0	0	0	37,095,009
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	28,892,459	0	0	0	0	0	0	0	0	28,892,459
18 Amount Incurred for Provision of Health Care Services	24,106,514	0	0	0	0	0	0	0	0	24,106,514



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

								(LOCATIOI	•	
NAIC Group Code 4667 BUSINESS	IN THE STATE OF					DURING THE YE			npany Code	12575
	1	Comprehensive (Hos	spital & Medical) 3	4	5	6	7	8	9	10
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	64,206									64,206
2. First Quarter	71,647	0	0	0	0	0	0	0	0	71,647
3. Second Quarter	72,166	0	0	0	0	0	0	0	0	72 , 166
4. Third Quarter	73,199	0	0	0	0	0	0	0	0	73 , 199
5. Current Year	73,723	0	0	0	0	0	0	0	0	73,723
6. Current Year Member Months	870,806	0	0	0	0	0	0	0	0	870,806
Total Member Ambulatory Encounters for Year:										
7 Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	(
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	64,202,632	0	0	0	0	0	0	0	0	64,202,632
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	61,826,405	0	0	0	0	0	0	0	0	61,826,405
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	47,700,419	0	0	0	0	0	0	0	0	47,700,419
18 Amount Incurred for Provision of Health Care Services	39,881,177	0	0	0	0	0	0	0	0	39,881,177

⁽a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$64,202,632



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

NAIC Croup Code 4667 DUCINECE	IN THE STATE OF	· Wyomina				DUDING THE VE	-AD 2016	(LOCATION		10575
NAIC Group Code 4667 BUSINESS	IN THE STATE OF	Wyoming Comprehensive (Hos	enital & Medical)	4	5	DURING THE YE	EAR 2016 I 7 I	NAIC COIT	pany Code	12575 10
	'	2	3	4	3	0	,	0	9	10
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	6,773									6,773
2. First Quarter	8,684	0	0	0	0	0	0	0	0	8,684
3. Second Quarter	8,750	0	0	0	0	0	0	0	0	8,750
4. Third Quarter	9,097	0	0	0	0	0	0	0	0	9,097
5. Current Year	9,314	0	0	0	0	0	0	0	0	9,314
6. Current Year Member Months	106,843	0	0	0	0	0	0	0	0	106,843
Total Member Ambulatory Encounters for Year:										
7 Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	6,293,780	0	0	0	0	0	0	0	0	6,293,780
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	6,223,622	0	0	0	0	0	0	0	0	6,223,622
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	5,224,119	0	0	0	0	0	0	0	0	5,224,119
18 Amount Incurred for Provision of Health Care Services	4,385,420	0	0	0	0	0	0	0	0	4,385,420

18 Amount Incurred for Provision of Health Care Services



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE SilverScript Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

2. Nashville, TN REPORT FOR: 1. CORPORATION Silverscript Insurance Company (LOCATION) NAIC Group Code 4667 BUSINESS IN THE STATE OF **DURING THE YEAR** NAIC Company Code 12575 American Samoa 2016 Comprehensive (Hospital & Medical) Medicare Vision Dental Federal Employees Title XVIII Title XIX Health Benefit Plan Total Individual Group Supplement Only Only Medicare Medicaid Other Total Members at end of: Prior Year First Quarter 3. Second Quarter Third Quarter Current Year 6. Current Year Member Months **Total Member Ambulatory Encounters for Year:** 8. Non-Physician ... 0 0 9. Total 10. Hospital Patient Days Incurred 0 11. Number of Inpatient Admissions 12. Health Premiums Written (b) 13. Life Premiums Direct 14. Property/Casualty Premiums Written 15. Health Premiums Earned 16. Property/Casualty Premiums Earned 17. Amount Paid for Provision of Health Care Services.

(a) For health business: number of persons insured under PPO managed care products	and number of persons insured under indemnity only products	
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$		



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

NAIC Group Code 4667 BUSINESS		· O				DUDING THE VE	TAD 0010	(LOCATIOI		10575
NAIC Group Code 4667 BUSINESS	S IN THE STATE OF	Guam Comprehensive (Hos	enital & Medical)	4	5	DURING THE YE	EAR 2016	NAIC COIT	npany Code 9	12575 10
	'	2	3	7	3	o o	,	o l	3	10
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	26									26
2. First Quarter	27	0	0	0	0	0	0	0	0	27
3. Second Quarter	26	0	0	0	0	0	0	0	0	26
4. Third Quarter	22	0	0	0	0	0	0	0	0	22
5. Current Year	23	0	0	0	0	0	0	0	0	23
6. Current Year Member Months	303	0	0	0	0	0	0	0	0	303
Total Member Ambulatory Encounters for Year:										
7 Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	(
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	15,261	0	0	0	0	0	0	0	0	15,261
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	15,261	0	0	0	0	0	0	0	0	15,261
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	692	0	0	0	0	0	0	0	0	692
18 Amount Incurred for Provision of Health Care Services	524	0	0	0	0	0	0	0	0	524



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

NAIGO O I AGOT BUIGINEO	0 101 THE OTATE OF	- D . D:				DUDING THE VE	- 4 D	(LOCATION		10575
NAIC Group Code 4667 BUSINES	S IN THE STATE OF		enital 9 Madical)	4	5	DURING THE YE	EAR 2016 I 7 I	NAIC Com	npany Code 9	12575
	1	Comprehensive (Hos	spital & Medical) 3	4	5	6	/	8	9	10
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	419									419
2. First Quarter	449	0	0	0	0	0	0	0	0	449
3. Second Quarter	410	0	0	0	0	0	0	0	0	410
4. Third Quarter	449	0	0	0	0	0	0	0	0	449
5. Current Year	470	0	0	0	0	0	0	0	0	470
6. Current Year Member Months	5,342	0	0	0	0	0	0	0	0	5,342
Total Member Ambulatory Encounters for Year:										
7 Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	(
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	367,583	0	0	0	0	0	0	0	0	367,583
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	367,583	0	0	0	0	0	0	0	0	367,583
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	62,020	0	0	0	0	0	0	0	0	62,020
18 Amount Incurred for Provision of Health Care Services	52,187	0	0	0	0	0	0	0	0	52,187

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$367,583



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

								(LOCATIOI	•	
NAIC Group Code 4667 BUSINESS	S IN THE STATE OF					DURING THE YE			npany Code	12575
	1	Comprehensive (Hos	spital & Medical) 3	4	5	6	7	8	9	10
	Total	2 Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	41									4
2. First Quarter	47	0	0	0	0	0	0	0	0	4
3. Second Quarter	42	0	0	0	0	0	0	0	0	4
4. Third Quarter	49	0	0	0	0	0	0	0	0	4
5. Current Year	46	0	0	0	0	0	0	0	0	4
6. Current Year Member Months	545	0	0	0	0	0	0	0	0	54
Total Member Ambulatory Encounters for Year:										
7 Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	37,707	0	0	0	0	0	0	0	0	37,70
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	37,707	0	0	0	0	0	0	0	0	37,70
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	15,253	0	0	0	0	0	0	0	0	15,25
18 Amount Incurred for Provision of Health Care Services	12,888	0	0	0	0	0	0	0	0	12,88



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

								(LOCATIO	•	
NAIC Group Code 4667 BUSINESS	IN THE STATE OF			<u> </u>		DURING THE YE		NAIC Cor	12575	
	1	Comprehensive (Hos	spital & Medical) 3	4	5	6	7	8	9	10
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	0									
2. First Quarter	6	0	0	0	0	0	0	0	0	6
3. Second Quarter	5	0	0	0	0	0	0	0	0	
4. Third Quarter	5	0	0	0	0	0	0	0	0	
5. Current Year	2	0	0	0	0	0	0	0	0	
6. Current Year Member Months	54	0	0	0	0	0	0	0	0	54
Total Member Ambulatory Encounters for Year:										
7 Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	(
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	3,417	0	0	0	0	0	0	0	0	3,417
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	3,417	0	0	0	0	0	0	0	0	3,417
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	73	0	0	0	0	0	0	0	0	7
18 Amount Incurred for Provision of Health Care Services	63	0	0	0	0	0	0	0	0	63



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

2. Nashville, TN Silverscript Insurance Company **REPORT FOR: 1. CORPORATION** (LOCATION)

								(LOCATION	•	
NAIC Group Code 4667 BUSINES	S IN THE STATE OF					DURING THE YE		NAIC Con	pany Code	12575
	1	Comprehensive (Hos	pital & Medical)	4	5	6	7	8	9	10
	Total	2 Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	3,485,708	0	0	0	0	0	0	0	0	3,485,70
2. First Quarter	4,115,765	0	0	0	0	0	0	0	0	4,115,76
3. Second Quarter	4, 138, 386	0	0	0	0	0	0	0	0	4,138,38
4. Third Quarter	4,238,644	0	0	0	0	0	0	0	0	4,238,64
5. Current Year	4,285,967	0	0	0	0	0	0	0	0	4,285,96
6. Current Year Member Months	50,159,973	0	0	0	0	0	0	0	0	50,159,97
Total Member Ambulatory Encounters for Year:										
7 Physician	0	0	0	0	0	0	0	0	0	
8. Non-Physician	0	0	0	0	0	0	0	0	0	
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0	0	0	0	0	0	0	0	0	
11. Number of Inpatient Admissions	0	0	0	0	0	0	0	0	0	
12. Health Premiums Written (b)	3 , 154 , 884 , 797	0	0	0	0	0	0	0	0	3, 154, 884, 79
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	
15. Health Premiums Earned	3, 105, 117,820	0	0	0	0	0	0	0	0	3, 105, 117,82
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	
17. Amount Paid for Provision of Health Care Services	2,613,540,286	0	0	0	0	0	0	0	0	2,613,540,28
18 Amount Incurred for Provision of Health Care Services	2,189,070,862	0	0	0	0	0	0	0	0	2,189,070,86

SCHEDULE S - PART 1 - SECTION 2

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

4		•	Tremediance research and tree	-	2	7	0	1 0	1 40	4.4	10
1	2	3	4	5	6	/	8	9	10	11	12
								Reserve Liability			
NAIC					Type of			Other Than for	Reinsurance Payable	Modified	
Company	ID	Effective		Domiciliary	Reinsurance		Unearned	Unearned	on Paid and	Coinsurance	Funds Withheld
Code	Number	Date	Name of Reinsured	Jurisdiction	Assumed	Premiums	Premiums	Premiums	Unpaid Losses	Reserve	Under Coinsurance
0399999. To			Hamo or Homodrod	danidalotion	7100011100	1 10111101110	1 10111101110	1 10111101110	Onpaid Eddedd	11000170	Onder Combardine
						0	0	0		0	0
0699999. To						0	U	0	0	0	0
0799999. To						0	0	0	0	0	0
74101	13-3156923	07/01/2016	First United American Life Insurance Company	NY	OTH/A/I	4,498,574					
74101	13-3156923	07/01/2016	First United American Life Insurance Company	NY	OTH/A/G	145,069					
92916	73-1128555	07/01/2016	United American Insurance Company	NE	OTH/A/I	89,457,498					
92916	73-1128555	07/01/2016	United American Insurance Company	NE	OTH/A/G	17,638,879					
0899999. U.						111,740,020	0	0	0	0	0
1099999. To	otal - Non-Aff	filiates				111,740,020	0	0	0	0	0
1199999. To	otal U.S. (Su	m of 0399999 a	and 0899999)			111,740,020	0	0	0	0	0
1299999. To	otal Non-U.S	. (Sum of 06999	999 and 0999999)			0	0	0	0	0	0
											+
											+
								 			+
9999999 - T	otals					111,740,020	0	0	0	0	0

SCHEDULE S - PART 2

Reinsurance Recoverable on Paid and Unpaid Losses Listed by Reinsuring Company as of December 31, Current Year NAIC Effective Domiciliary Company Unpaid Losses Name of Company Paid Losses Code Number Date Jurisdiction 0399999. Total Life and Annuity - U.S. Affiliates 0 0699999. Total Life and Annuity - Non-U.S. Affiliates 0799999. Total Life and Annuity - Affiliates 0 0 1099999. Total Life and Annuity - Non-Affiliates 0 1199999. Total Life and Annuity 0 1499999. Total Accident and Health - U.S. Affiliates ..1, 142,753 1, 142,753 . BMU. 0 1.142.753 1,142,753 3.631.279 MD547,000 .9,214,000 NY 9,761,000 9,761,000 3,631,279 3,631,279 3,631,279 3,631,279 2299999. Total Accident and Health 10,903,753 2399999. Total U.S. (Sum of 0399999, 0899999, 1499999 and 1999999) 9,761,000 2499999. Total Non-U.S. (Sum of 0699999, 0999999, 1799999 and 2099999) 9999999 Totals - Life, Annuity and Accident and Health 3.631.279 10.903.753

SCHEDULE S - PART 3 - SECTION 2

			: tomoura				tod by Homburning Oo	inpany as of Dece	mber 31, Current Yea	ai			
1	2	3	4	5	6	7	8	9	10	Outstanding S	urplus Relief	13	14
				Domi-					Reserve Credit	11	12		
NAIC				ciliary	Type of	Type of		Unearned	Taken Other			Modified	Funds Withheld
Company		Effective		Juris-	Reinsurance	Business		Premiums	than for Unearned			Coinsurance	Under
Code	Number	Date	Name of Company	diction	Ceded	Ceded	Premiums	(Estimated)	Premiums	Current Year	Prior Year	Reserve	Coinsurance
			uthorized U.S. Affiliates				0	0	0	0	0	0	0
			uthorized Non-U.S. Affiliates				0	0	0	0	0	0	0
			uthorized Affiliates				0	0	0	0	0	0	0
74101			First United American Life Insurance Company	NY	0TH/A/I	MD	4,498,574		12,000				
74101	13-3156923	07/01/2016	First United American Life Insurance Company	NY	OTH/A/G	MD	145,069						
92916	73-1128555	07/01/2016	United American Insurance Company	NE		MD	89,457,498						
92916			United American Insurance Company	NE	OTH/A/G	MD	17,638,879		8,362,000				
60113			First Care, Inc	MD	OTH/A/I	MD			3,370,783	0			
			zed U.S. Non-Affiliates				111,740,020	0	11,744,783	U	0	0	0
			uthorized Non-Affiliates				111,740,020	0	11,744,783	0	0	0	0
	. Total Genera						111,740,020	0	11,744,783	0	0	0	0
			nauthorized U.S. Affiliates	DMI	0.444	UD.	040.705.007	U	40, 500, 004	0	U	0	0
00000	AA-31901/3	01/01/2011	CVS Caremark Indemnity, Ltd. CVS Caremark Indemnity, Ltd.	BMU BMU		MD	618,725,637 8,869,202		46,566,694				
			orized Non-U.S. Affiliates - Captive	DIVIU	นห/ห/น	IVIU	627,594,839	Λ	46.566.694	0	0	Λ	^
			nauthorized Non-U.S. Affiliates				627,594,839	0	46,566,694	0	0	0	0
			nauthorized Affiliates				627,594,839	0	46,566,694	0	0	0	0
			nauthorized Non-Affiliates				027,334,033	0	40,300,034	0	0	0	0
	. Total Genera . Total Genera						627.594.839	0	46.566.694	0	0	0	0
			ertified U.S. Affiliates				027,094,009	0	40,300,094	0	0	0	0
			ertified Non-U.S. Affiliates				0	0	0	0	0	0	0
			ertified Affiliates				0	0	0	0	0	0	0
			ertified Non-Affiliates				0	0	0	0	0	0	0
	. Total Genera						0	0	0	0	0	0	0
			thorized, Unauthorized and Certified				739.334.859	0	58.311.477	0	0	0	0
			Authorized U.S. Affiliates				739,334,639	0	00,011,477	0	0	0	0
			Authorized V.S. Affiliates Authorized Non-U.S. Affiliates				0	0	0	0	0	0	0
			Authorized Affiliates				0	<u> </u>	0	0	0	0	0
			Authorized Non-Affiliates				0	<u> </u>	0	0	<u> </u>	0	0
	. Total Separat						0	<u> </u>	0	0	<u> </u>	0	0
			Unauthorized U.S. Affiliates				0	<u> </u>	0	0	<u> </u>	0 0	n
			Unauthorized Non-U.S. Affiliates				0	<u> </u>	0	0	0	0	0
			Unauthorized Affiliates				0	0	0	0	0	0	0
			Unauthorized Non-Affiliates				0	0	0	0	0	0	0
	. Total Separat						0	0	0	0	0	0	0
			Certified U.S. Affiliates				0	0	0	0	0	0	0
			Certified Non-U.S. Affiliates				0	0	0	0	0	0	0
			Certified Affiliates				0	0	0	0	0	0	0
			Certified Non-Affiliates				0	0	0	0	0	0	0
	. Total Separat						0	0	0	0	0	0	0
			Authorized, Unauthorized and Certified				0	0	0	0	0	0	<u> </u>
			99, 0899999, 1499999, 1999999, 2599999, 3099999, 379	9999 4299999 480	9999 539999	5999999 and	0	0	0	0	0	0	0
0333333	6499999)	um 01 000000	, 0000000, 1 1 00000, 1000000, 2000000, 0000000, 010	JJJJ, 42JJJJJ, 40J	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	5555555 and	111.740.020	n	11.744.783	0	0	n	n
7099999		S (Sum of 06	899999, 0999999, 17999999, 20999999, 28999999, 31999999	4099999 4399999	5199999 5499	9999 6299999	111,710,020	•	11,714,700	•	•	•	•
1	and 6599999		, 1000000, 100000, 2000000, 0100000	, 100000	., 5.00000, 0400		627.594.839	0	46.566.694	0	0	0	0
9999999		,					739,334,859	0	58,311,477	0	0	0	0

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ANNUAL STATEMENT FOR THE YEAR 2016 OF THE SilverScript Insurance Company

SCHEDULE S - PART 4

Reinsurance Ceded to Unauthorized Companies

				•		ada to dilaatiloi	oa oopao	•						
1	2	3	4	5	6	7	8	9	10 Issuing or	11	12 Funds	13	14	15 Sum of Cols.
					Paid and				Confirming		Deposited by			9+11+12+13
NAIC					Unpaid Losses				Bank		and Withheld		Miscellaneous	+14 but not in
	ID	Effective		Reserve	Recoverable		Total	Letters of	Reference	Trust	from		Balances	Excess of
Company			N (D)			011 - D 1.11						011		
Code	Number	Date	Name of Reinsurer	Credit Taken	(Debit)	Other Debits	(Cols.5+6+7)	Credit	Number (a)	Agreements	Reinsurers	Other	(Credit)	Col. 8
0399999.	Total Genera	l Account - L	ife and Annuity U.S. Affiliates	0	0	0	0	0	XXX	0	0	0	0	0
0699999.	Total Genera	Account - L	ife and Annuity Non-U.S. Affiliates	0	0	0	0	0	XXX	0	0	0	0	0
0799999.	Total Genera	Account - L	ife and Annuity Affiliates	0	0	0	0	0	XXX	0	0	0	0	0
1099999.	Total Genera	Account - L	ife and Annuity Non-Affiliates	0	0	0	0	0	XXX	0	0	0	0	0
1199999.	Total General	Account Lif	e and Annuity	0	0	0	0	0	XXX	0	0	0	0	0
00000	AA-3190173	. 01/01/2011 .	CVS Caremark Indemnity, Ltd.	46,566,694	1,142,753	(74,851,796)	(27, 142, 349)							(27, 142, 349)
1399999.	General Acco	unt - Accide	nt and Health U.S. Affiliates - Other	46,566,694	1,142,753	(74,851,796)	(27, 142, 349)	0	XXX	0	0	0	0	(27, 142, 349)
1499999.	Total Genera	Account - A	accident and Health U.S. Affiliates	46,566,694	1,142,753	(74,851,796)	(27, 142, 349)	0	XXX	0	0	0	0	(27, 142, 349)
1799999.	Total Genera	Account - A	ccident and Health Non-U.S. Affiliates	0	0	0	0	0	XXX	0	0	0	0	0
			sccident and Health Affiliates	46,566,694	1,142,753	(74,851,796)	(27, 142, 349)	0	XXX	0	0	0	0	(27, 142, 349)
			ccident and Health Non-Affiliates	0	0	0	0	0	XXX	0	0	0	0	0
2299999.	Total Genera	Account Ac	cident and Health	46,566,694	1,142,753	(74,851,796)	(27, 142, 349)	0	XXX	0	0	0	0	(27, 142, 349)
2399999.	Total Genera	l Account		46,566,694	1,142,753	(74,851,796)	(27, 142, 349)	0	XXX	0	0	0	0	(27, 142, 349)
			- U.S. Affiliates	0	0	0	0	0	XXX	0	0	0	0	0
			- Non-U.S. Affiliates	0	0	0	0	0	XXX	0	0	0	0	0
3099999.	Total Separat	e Accounts	- Affiliates	0	0	0	0	0	XXX	0	0	0	0	0
			- Non-Affiliates	0	0	0	0	0	XXX	0	0	0	0	0
	Total Separat			0	0	0	0	0	XXX	0	0	0	0	0
			99, 0899999, 1499999, 1999999, 2699999 and 3199999)	46,566,694	1,142,753	(74,851,796)	(27, 142, 349)	0	XXX	0	0	0	0	(27, 142, 349)
		S. (Sum of 0)	699999, 0999999, 1799999, 2099999, 2999999 and 3299999)	0	0	0	0	0	XXX	0	0	0	0	0
9999999	- Totals			46,566,694	1,142,753	(74,851,796)	(27, 142, 349)	0	XXX	0	0	0	0	(27, 142, 349)

(a)	Issuing or Confirming Bank Reference Number	Letters of Credit Code	American Bankers Association (ABA) Routing Number	Issuin	d	ü	ng l	k Name		Λ		Letters of Credit Amount
									<i>J</i>			

Schedule S - Part 5 NONE

Schedule S - Part 5 - Bank Footnote **NONE**

SCHEDULE S - PART 6

	Five Year E	xhibit of Reinsuran	ce Ceded Business			
		1 2016	2 2015	3 2014	4 2013	5 2012
	A. OPERATIONS ITEMS					
1.	Premiums	739,335	584,953	636,852	794 , 107	370,355
2.	Title XVIII - Medicare	0	0	0	0	0
3.	Title XIX - Medicaid	0	0	0	0	0
4.	Commissions and reinsurance expense allowance	119,484	71,218	74,238	82,595	43,520
5.	Total hospital and medical expenses	507,553	425,424	513,790	621,455	270,884
	B. BALANCE SHEET ITEMS					
6.	Premiums receivable	4,075	3,223	3,469	4,209	12,285
7.	Claims payable	10,904	3,635	28,906	50,012	8,096
8.	Reinsurance recoverable on paid losses	3,631	1,702	0	0	0
9.	Experience rating refunds due or unpaid	58,311	40,471	47,117	54,972	
10.	Commissions and reinsurance expense allowances due					
11.	Unauthorized reinsurance offset		49,258	75,731	154,526	58,149
12.	Offset for reinsurance with Certified Reinsurers					
	C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13.	Funds deposited by and withheld from (F)	0	49,258	75,731	154,526	58,149
14.	Letters of credit (L)	0	0	0	0	0
15.	Trust agreements (T)	0	0	0	0	0
16.	Other (O)	0	0	0	0	0
	D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17.	Multiple Beneficiary Trust					0
18.	Funds deposited by and withheld from (F)					0
19.	Letters of credit (L)					0
20.	Trust agreements (T)					0
21.	Other (O)					0

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

		1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
	ASSETS (Page 2, Col. 3)			
1.	Cash and invested assets (Line 12)	1,309,385,533		1,309,385,533
2.	Accident and health premiums due and unpaid (Line 15)	16,298,775	4,074,694	20,373,469
3.	Amounts recoverable from reinsurers (Line 16.1)	3,631,279	(3,631,279)	0
4.	Net credit for ceded reinsurance	XXX	(81,056,633)	(81,056,633)
5.	All other admitted assets (Balance)	1,494,257,149	72, 187, 428	1,566,444,577
6.	Total assets (Line 28)	2,823,572,736	(8,425,790)	2,815,146,946
	LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7.	Claims unpaid (Line 1)	10,108,215	10,903,753	21,011,968
8.	Accrued medical incentive pool and bonus payments (Line 2)	556,410	117,786	674 , 196
9.	Premiums received in advance (Line 8)	4,918,858	1,292,540	6,211,398
10.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19 first inset amount plus second inset amount)	20,739,869	(20,739,869)	0
11.	Reinsurance in unauthorized companies (Line 20 minus inset amount)	0		0
12.	Reinsurance with Certified Reinsurers (Line 20 inset amount)			0
13.	Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount)	0		0
14.	All other liabilities (Balance)	1,988,086,604		1,988,086,604
15.	Total liabilities (Line 24)	2,024,409,956	(8,425,790)	2,015,984,166
16.	Total capital and surplus (Line 33)	799,162,780	XXX	799, 162, 780
17.	Total liabilities, capital and surplus (Line 34)	2,823,572,736	(8,425,790)	2,815,146,946
	NET CREDIT FOR CEDED REINSURANCE			
18.	Claims unpaid	10,903,753		
19.	Accrued medical incentive pool	117,786		
20.	Premiums received in advance	1,292,540		
21.	Reinsurance recoverable on paid losses	3,631,279		
22.	Other ceded reinsurance recoverables	(72,187,428)		
23.	Total ceded reinsurance recoverables	(56,242,070)		
24.	Premiums receivable	4,074,694		
25.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers	20,739,869		
26.	Unauthorized reinsurance	0		
27.	Reinsurance with Certified Reinsurers	0		
28.	Funds held under reinsurance treaties with Certified Reinsurers	0		
29.	Other ceded reinsurance payables/offsets	0		
30.	Total ceded reinsurance payables/offsets	24,814,563		
31.	Total net credit for ceded reinsurance	(81,056,633)		

SCHEDULE T - PART 2

INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories Direct Business Only 5 2 3 6 Disability Income Long-Term Care Annuities Life (Group and Individual) (Group and (Group and (Group and Deposit-Type States, Etc. Individual) Individual) Individual) Contracts Totals 1. Alabama 3. ... AZ 4. AR 5. California ... CA 6 Colorado CO 7. Connecticut 8. _____ DE Delaware 9. 10. Florida FL 11. Georgia GA Hawaii HI 13.ID 14.IL Indiana IN 15 16. lowaIA KS 17. Kansas 18. Kentucky KY 19. Louisiana LA 20. Maine ME 21. MD Maryland 22. Massachusetts MA 23. Michigan MI 24. Minnesota MN 25. Mississippi MS 26. Missouri MO MT 27. Montana 28. Nebraska 29. Nevada 31. New Jersey 32. New Mexico 33. New York 34. North Carolina NC ND 35. North Dakota OH 36. Ohio 37. Oklahoma OK 38.OR Oregon 39. Pennsylvania PA 40. RI 41. South Carolina SC 42. South Dakota SD 43 Tennessee TN 44 Texas TX Utah UT 45. VermontVT 46. 47. Virginia VA 48. Washington WA 49. West Virginia WV 50. Wisconsin WI 51. Wyoming WY 52. American Samoa AS 53 Guam GU PR 54. Puerto Rico 55. U.S. Virgin Islands _____ VI 56. Northern Mariana Islands MP 57. Canada CAN Aggregate Other Alien OT 58.

59.

Total

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
											Type	If			
											of Control	Control			
											(Ownership,	is		ls an	
						Name of Securities			Relation-		Board.	Owner-		SCA	
						Exchange		Domi-	ship		Management,	ship		Filing	
		NAIC				if Publicly Traded	Names of	ciliary			Attorney-in-Fact,	Provide		Po	
Craun			ID	Federal		(U.S. or	Parent, Subsidiaries		Reporting	Directly Controlled by	Influence.	Percen-	Ultimate Controlling	quired?	
Group	Outside Name	Company			CIK			Loca-							
Code	Group Name	Code	Number	RSSD	CIK	International)	Or Affiliates	tion	Entity	(Name of Entity/Person)	Other)	tage	Entity(ies)/Person(s)	(Y/N)	
	S HEALTH GRP	00000	05-0494040			NYSE	CVS Health Corporation	DE	UIP	Board of Directors	Board of Directors		CVS Health Corporation	N	
	HEALTH GRP	63444	06-1566092				Accendo Insurance Company	UT	. IA	CVS Health Corporation	. Management		CVS Health Corporation	N	
	S HEALTH GRP	12575	20-2833904				SilverScript Insurance Company	TN	IA	CVS Health Corporation	Management		CVS Health Corporation	N	
	HEALTH GRP	67660	23-1305366				Pennsylvania Life Insurance Co.	PA	IA	CVS Health Corporation	. Management		CVS Health Corporation	N	
	S HEALTH GRP		05-0340626				CVS Pharmacy, Inc	RI		CVS Health Corporation	_ Management		CVS Health Corporation	N	
	S HEALTH GRP	00000	20-8404182				Caremark, Rx., L.L.C.	DE	NI A	CVS Health Corporation	Management		CVS Health Corporation	N	
	S HEALTH GRP	00000	61-1715010				Part D Holding Company, L.L.C.	DE	UDP	CVS Health Corporation	Management		CVS Health Corporation	N	
	S HEALTH GRP	00000	33–1113587				CVS Caremark Part D Services, L.L.C.	DE	NI A	CVS Health Corporation	Management		CVS Health Corporation	N	
	S HEALTH GRP		87-0548860				RxAmerica, L.L.C.	DE	NI A	CVS Health Corporation	Management		CVS Health Corporation	N	
	S HEALTH GRP	00000	11–2580136				Caremark Ulysses Holding Corporation	NY	NI A	CVS Health Corporation	_ Management		CVS Health Corporation	N	
	S HEALTH GRP	00000	87-0804047				MemberHealth L.L.C.	DE	NIA	CVS Health Corporation	Management		CVS Health Corporation	N	
	S HEALTH GRP	00000	05-0500188				CVS Caremark Indemnity, Ltd.	BMU		CVS Health Corporation	_ Management		CVS Health Corporation	N	
	S HEALTH GRP	00000	27-1298765				UAC Holding, Inc	DE	NI A	CVS Health Corporation	Management		CVS Health Corporation	N	
	S HEALTH GRP	00000	05-0497953				CVS Foreign, Inc.	NY	NI A	CVS Health Corporation	_ Management		CVS Health Corporation	N	
.4667 CVS	S HEALTH GRP	14337	20-2840526				Pharmacare Captive RE, Ltd.	AZ	IA	CVS Health Corporation	. Management	100.000	CVS Health Corporation	N	
															ļ
												_ 			
												_ <u>_</u>			

Asterisk	Explanation

SCHEDULE Y

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

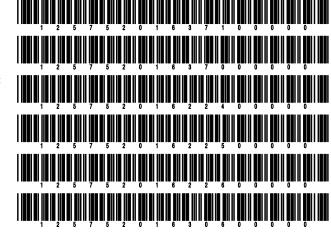
		. / \\ -	- SCIVIIVIALI				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		/\! ! ! —			
1	2	3	4	5	6	7	8	9	10	11	12	13
						Income/						
						(Disbursements)						
					Purchases, Sales	Incurred in						Reinsurance
					or Exchanges of	Connection with		Income/		Any Other Material		Recoverable/
					Loans, Securities,	Guarantees or		(Disbursements)		Activity Not in the		(Payable) on
NAIC					Real Estate.	Undertakings for	Management	Incurred Under		Ordinary Course of		Losses and/or
Company	ID	Names of Insurers and Parent,	Shareholder	Capital	Mortgage Loans or	the Benefit of any	Agreements and	Reinsurance		the Insurer's		Reserve Credit
Code	Number	Subsidiaries or Affiliates	Dividends	Contributions	Other Investments	Affiliate(s)	Service Contracts	Agreements	*	Business	Totals	Taken/(Liability)
12575	20-2833704	SilverScript Insurance Co.	Dividends	CONTINUUTIONS	Other investments	Allillate(3)				Dusilless	(427,266,820)	
							(427, 266, 820)			+		(83,237,907)
		CVS Caremark Part D Services, LLC					427,266,820				427,266,820	
00000	AA-3190173	CVS Caremark Indemnity, Ltd	 								0	83,237,907
00000	20-8404182	Caremark Rx., L.L.C.	2,350,000								2,350,000	
14337	20-2840526	Pharmacare Captive RE, Ltd.	(2,350,000)								(2,350,000)	
			-		†					†		
										†		
										 		
					4					4		
					T					T		
			<u> </u>									
			ļ		<u> </u>					<u> </u>		
l												

					†					†		
9999999 Co			 	^		^			0 1001			
9999999 C0	ontroi i otais		0	0		0	0		0 XXX	1 0	0	0

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

		Responses
	MARCH FILING	
1.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
2.	Will an actuarial opinion be filed by March 1?	YES
3.	Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	YES
4.	Will the confidential Risk-based Capital Report be filed with the state of domicile, if required, by March 1?	YES
	APRIL FILING	
5.	Will Management's Discussion and Analysis be filed by April 1?	YES
6.	Will the Supplemental Investment Risks Interrogatories be filed by April 1?	YES
7.		
7.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	YES
	JUNE FILING	
8.	Will an audited financial report be filed by June 1?	YES
9.	Will Accountant's Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	YES
	,	
	AUGUST FILING	
10.	Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and	
10.	electronically with the NAIC (as a regulator-only non-public document) by August 1?	YES
	The following supplemental reports are required to be filed as part of your annual statement filing. However, in the event that your company do	oes not transact the type of
	business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE	" report and a bar code will
	be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provi	de an explanation following
	the interrogatory questions.	
	MARCH FILING	
11.		NO
	Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	
	Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC?	
14.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	NO
15.	Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement	
	be filed with the state of domicile and electronically with the NAIC by March 1?	NO
16.	Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of	
	domicile and electronically with the NAIC by March 1?	NO
17.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	YES
18.	Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed	
	electronically with the NAIC by March 1?	NO
19.	Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed	
	electronically with the NAIC by March 1?	NO
20.	Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically	
	with the NAIC by March 1?	NO
	APRIL FILING	
21.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO
	Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	
22.		YES
23.	Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC?	NO
24.	Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	YES
25.	Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the	
	NAIC by April 1?	NO
	AUGUST FILING	
26.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES
	Explanations:	
11.		
13.		
14.		
15.		
16.		
18.		
19.		
20.		
21.		
23.		
25.		
	Bar Codes:	
11.	Medicare Supplement Insurance Experience Exhibit [Document Identifier 360]	
		. ** ***
		U U U
13	Property/Casualty Supplement [Document Identifier 207]	
13.	Property/Casualty Supplement [Document Identifier 207]	
13.	Property/Casualty Supplement [Document Identifier 207]	
13.	Property/Casualty Supplement [Document Identifier 207]	
13. 14.		
13. 14.	Property/Casualty Supplement [Document Identifier 207] SIS Stockholder Information Supplement [Document Identifier 420]	
14.	SIS Stockholder Information Supplement [Document Identifier 420]	
14.	SIS Stockholder Information Supplement [Document Identifier 420]	
14. 15.	SIS Stockholder Information Supplement [Document Identifier 420] Participating Opinion for Exhibit 5 [Document Identifier 371]	
14. 15.	SIS Stockholder Information Supplement [Document Identifier 420]	
14. 15.	SIS Stockholder Information Supplement [Document Identifier 420] Participating Opinion for Exhibit 5 [Document Identifier 371]	
14. 15.	SIS Stockholder Information Supplement [Document Identifier 420] Participating Opinion for Exhibit 5 [Document Identifier 371]	
14. 15. 16.	SIS Stockholder Information Supplement [Document Identifier 420] Participating Opinion for Exhibit 5 [Document Identifier 371] Non-Guaranteed Opinion for Exhibit 5 [Document Identifier 370]	
14. 15. 16.	SIS Stockholder Information Supplement [Document Identifier 420] Participating Opinion for Exhibit 5 [Document Identifier 371] Non-Guaranteed Opinion for Exhibit 5 [Document Identifier 370] Relief from the five-year rotation requirement for lead audit partner [Document Identifier Id	
14. 15. 16.	SIS Stockholder Information Supplement [Document Identifier 420] Participating Opinion for Exhibit 5 [Document Identifier 371] Non-Guaranteed Opinion for Exhibit 5 [Document Identifier 370]	
14. 15. 16.	SIS Stockholder Information Supplement [Document Identifier 420] Participating Opinion for Exhibit 5 [Document Identifier 371] Non-Guaranteed Opinion for Exhibit 5 [Document Identifier 370] Relief from the five-year rotation requirement for lead audit partner [Document Identifier Id	
14.	SIS Stockholder Information Supplement [Document Identifier 420] Participating Opinion for Exhibit 5 [Document Identifier 371] Non-Guaranteed Opinion for Exhibit 5 [Document Identifier 370] Relief from the five-year rotation requirement for lead audit partner [Document Identifier Id	
14. 15. 16.	SIS Stockholder Information Supplement [Document Identifier 420] Participating Opinion for Exhibit 5 [Document Identifier 371] Non-Guaranteed Opinion for Exhibit 5 [Document Identifier 370] Relief from the five-year rotation requirement for lead audit partner [Document Identifier 224]	



Relief from the Requirements for Audit Committees [Document Identifier 226]

Long-Term Care Experience Reporting Forms [Document Identifier 306]

20.

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

- 23. Property/Casualty Supplement Insurance Expense Exhibit [Document Identifier 213]
- 25. Supplemental Health Care Exhibit's Expense Allocation Report [Document Identifier 217]





MEDICARE PART D COVERAGE SUPPLEMENT

(Net of Reinsurance)

	up Code 4667	Individual Co	led by March 1) overage	Group Cov		y Code 12575 5
		1 Insured	2 Uninsured	3 Insured	4 Uninsured	Total Cash
1. Pre	emiums Collected					
1.1	Standard Coverage					
	1.11 With Reinsurance Coverage	2,632,553,927	XXX		XXX	2,632,553,9
	1.12 Without Reinsurance Coverage				XXX	
	1.13 Risk-Corridor Payment Adjustments					
12	2 Supplemental Benefits		XXX		XXX	
	emiums Due and Uncollected-change	10,700,200				10,700,2
	I Standard Coverage					
۷.۱	2.11 With Reinsurance Coverage	31 092 846	vvv		VVV	VVV
	2.12 Without Reinsurance Coverage					XXX
2.2	2 Supplemental Benefits			(2,323,003)	XXX	XXX
		113,231				
	nearned Premium and Advance Premium-change					
3.1	Standard Coverage	444 000	2007		2007	2004
	3.11 With Reinsurance Coverage					
	3.12 Without Reinsurance Coverage					XXX
	2 Supplemental Benefits		XXX		XXX	XXX
	sk-Corridor Payment Adjustments-change					
	Receivable				XXX	XXX
4.2	2 Payable	(43,671,545)	XXX		XXX	XXX
5. Ear	rned Premiums					
5.1	Standard Coverage					
	5.11 With Reinsurance Coverage	2,663,234,971	XXX	0	XXX	XXX
	5.12 Without Reinsurance Coverage	0	XXX	35,746,637	XXX	XXX
	5.13 Risk-Corridor Payment Adjustments		XXX	0	XXX	XXX
5.2	2 Supplemental Benefits	45,882,501	XXX	0	xxx	XXX
	tal Premiums	2,447,871,776	XXX	35,746,637	XXX	2,499,431,
	aims Paid	_,,,	7001	22,111,121	7001	_,,
	Standard Coverage					
7.1	7.11 With Reinsurance Coverage	2 035 554 442	vvv		VVV	2 035 554
	7.12 With Neinsurance Coverage					
7.0	2 Supplemental Benefits				XXX	
	• •					, 960, 960,
	aim Reserves and Liabilities-change					
8.1	Standard Coverage	(10.000.010)				
	8.11 With Reinsurance Coverage					
	8.12 Without Reinsurance Coverage					
	2 Supplemental Benefits	(1,057,524)	XXX		XXX	XXX
	ealth Care Receivables-change					
9.1	Standard Coverage					
	9.11 With Reinsurance Coverage		XXX		XXX	XXX
	9.12 Without Reinsurance Coverage		XXX		XXX	XXX
9.2	2 Supplemental Benefits	5 , 168 , 870	XXX		XXX	XXX
0. Cla	aims Incurred					
10.	.1 Standard Coverage					
	10.11 With Reinsurance Coverage	1,701,157,511	XXX	0	XXX	XXX
	10.12 Without Reinsurance Coverage	0	XXX	21, 185,775	XXX	XXX
10.	.2 Supplemental Benefits	30,759,163	XXX	0	XXX	XXX
I1. Tot	tal Claims	1,731,916,674	XXX	21, 185, 775	XXX	2,095,671,
2. Rei	insurance Coverage and Low Income Cost haring	, - ,- ,		, ., .		,, ,
12.	.1 Claims Paid - Net of Reimbursements Applied	xxx	(2,418,919,729)	XXX	578,117,855	(1,840,801,
12.	.2 Reimbursements Received but Not Applied- change	XXX		XXX		
12.	.3 Reimbursements Receivable-change	xxx	2,418,919,729	XXX	(578,119,855)	
	.4 Health Care Receivables-change			XXX		XXX
-	penses Paid	377,361,849	XXX	5,510,671	xxx	382,872,
	penses Incurred			5,459,507		XXX
-	derwriting Gain/Loss	342,096,915	XXX	9,101,355	XXX	XXX
		,,		-,,,	.500	1,861,689,

Life Supplement Cover

NONE

Life Suppement - Exhibit 5 - Aggregate Reserve for Life Contracts **NONE**

Life Supplement - Exhibit 5 - Interrogatories **NONE**

Life Supplement - Exhibit 7 - Deposit-Type Contracts **NONE**

Life Supplement - Schedule S - Part 1 - Section 1 NONE

Life Supplement - Schedule S - Part 3 - Section 1 NONE



	CT BUSINESS IN THE S	STATE O	F Alabama		LI	FE I	NSUR <i>A</i>	ANCE	E		_		YEAR 2016 by Code 12575
., ., 0	DIRECT P	REMIUMS			1		2 dit Life (Gr			3	4	Joinpai	5
	AND ANNUITY C	ONSIDER	ATIONS	Ord	inary		nd Individu		Gr	oup	Industria	I	Total
1.	Life insurance										-		
2. 3.	Annuity considerations Deposit-type contract fund						XXX				XXX		
4.	Other considerations												
5.	Totals (Sum of Lines 1 to 4												
	DIRECT DIVIDENDS	TO POLIC	YHOLDERS										
	Life insurance: 6.1 Paid in cash or left on	donosit											
	6.2 Applied to pay renewal	nremiums											
	6.3 Applied to provide paid												
	the endowment or pre	mium-payir	ng period								-		
	6.4 Other										- 		
	6.5 Totals (sum of Line 6.1 Annuities:	10 6.4)									-		
	7.1 Paid in cash or left on	deposit											
	7.2 Applied to provide paid			· · · · · · · · · · · · · · · · · · ·			<u></u>		<u></u>	<u></u>			
	7.3 Other										-		
	7.4 Totals (sum of Lines 7.			\		-				····	- 		
8.	Grand Totals (Lines 6.5 plane) DIRECT CLAIMS A		ITS PAID	1			17					+	
9.	Death benefits			7			\				1		
10.	Matured endowments												
11.	,										-		
	Surrender values and with								<u> </u>				
13.	Aggregate write-ins for mis and benefits paid										1		
14.	All other benefits, except a										Ţ		
	Totals												
	DETAILS OF WRITE-INS		·										
1302. 1302											- †		
	Summary of Line 13 from (-		
	Totals (Lines 1301 thru 13		•										
	above)												
					Credit Life								
	DIDEOT DE ATU		Ordinary		and Individ	ual)	_	Group			ndustrial		Total
	DIRECT DEATH BENEFITS AND	1	2	3 No. of	4		5		6	7	8	9	10
	MATURED			Ind.Pols.									
	ENDOWMENTS			& Gr.			No. of						
16 I	INCURRED Unpaid December 31, prior	No.	Amount	Certifs.	Amour	nt	Certifs.	А	mount	No.	Amount	No.	Amount
	year												
	ncurred during current year												
	Settled during current year:												
	8.1 By payment in full 8.2 By payment on												
'	compromised claims	,											
	8.3 Totals paid												
1	8.4 Reduction by							_					
1	compromise 8.5 Amount rejected			\			T						
	8.6 Total settlements												
	Inpaid Dec. 31, current												
	year (16+17-18.6)			-			o f						
	POLICY EXHIBIT			_			Policies						
	n force December 31, prior												
	year				(a)		 			 		 	
	ssued during year Other changes to in force						t			 		 	
	(Net)						ļ					ļ	
23. Ir	force December 31 of				(-)								
	current year ludes Individual Credit Life II	neuranca =	rior year ¢		(a), c	urront	Vear ¢					<u> </u>	
,	ludes Individual Credit Life II Iudes Group Credit Life Insu		•				•				rrent year \$		
	ans greater than 60 months												
							•			•	•		
					NT AND	пЕА		10CF		3	1 4	-	F
					1		2			3 s Paid Or	4		5
						Dir	ect Premiu	ums		On Direct			Direct Losses
0.4	Group Policies /h)			Direct P	remiums		Earned			ness	Direct Losses	Paid	Incurred
24. 24.1		. Repelite F		Direct P	remiums					ness	Direct Losses	Paid	Incurred
	Group Policies (b)Federal Employees Health premium (b)			Direct P						ness	Direct Losses	Paid	Incurred
24.1 24.2	Federal Employees Health premium (b)	al)								ness	Direct Losses	Paid	Incurred
24.1 24.2 24.3	Federal Employees Health premium (b) Credit (Group and Individu Collectively renewable poli	al) icies (b)					Earned			iness			
24.1 24.2 24.3	Federal Employees Health premium (b) Credit (Group and Individu Collectively renewable poli Medicare Title XVIII exemp	al) icies (b)						95,900		iness	Direct Losses		
24.1 24.2 24.3 24.4	Federal Employees Health premium (b)	al) icies (b) ot from stat	e taxes or fees		53,145,588		Earned	95,900		iness			
24.1 24.2 24.3 24.4 25.1	Federal Employees Health premium (b) Credit (Group and Individu Collectively renewable poli Medicare Title XVIII exemp	al) icies (b) ot from stat	e taxes or fees		53,145,588		Earned	95,900		ness			
24.1 24.2 24.3 24.4 25.1 25.2 25.3	Federal Employees Health premium (b)	al)icies (b)t from stat	e taxes or fees		53,145,588		Earned	95,900		ness			
24.1 24.2 24.3 24.4 25.1 25.2 25.3 25.4	Federal Employees Health premium (b)	al)icies (b)	e taxes or fees		53,145,588		Earned		Bus	ness	42,2		
24.1 24.2 24.3 24.4 25.1 25.2 25.3 25.4 25.5	Federal Employees Health premium (b)	al)ot from stat	e taxes or fees		53,145,588		Earned53, 19		Bus		42,2	06,996	
24.1 24.2 24.3 24.4 25.1 25.2 25.3 25.4 25.5	Federal Employees Health premium (b)	al)ot from stat	e taxes or fees		53,145,588		Earned		Bus		42,2	06,996	



DIRECT BUSINESS IN THE NAIC Group Code 4667	STATE C	F Alaska		LI	FE I	NSUR	ANCE	.		_		YEAR 2016 y Code 12575
	DDEMILIMO	,		1		2			3	4		5
AND ANNUITY	PREMIUMS CONSIDER		Ord	inary		dit Life (G nd Individu		Gr	oup	Industria	I	Total
1. Life insurance										-		
 Annuity considerations Deposit-type contract fund 						XXX				XXX		
Other considerations												
5. Totals (Sum of Lines 1 to DIRECT DIVIDENDS		VHOI DEDC										
Life insurance:	10 POLIC	THOLDERS										
6.1 Paid in cash or left on	deposit											
6.2 Applied to pay renewa												
6.3 Applied to provide pai the endowment or pro												
6.4 Other												
6.5 Totals (sum of Line 6. Annuities:	.1 to 6.4)									-		
7.1 Paid in cash or left on												
7.2 Applied to provide paid 7.3 Other												
7.4 Totals (sum of Lines 7	7.1 to 7.3)		\									
8. Grand Totals (Lines 6.5 p						17						
9. Death benefits			74									
Matured endowments												
11. Annuity benefits												
 Surrender values and with Aggregate write-ins for m 								L		 		
and benefits paid								 		-		
14. All other benefits, except15. Totals	accident an	d health								-		
DETAILS OF WRITE-INS	6											
1301.										-		
1302 1303										-		
1398. Summary of Line 13 from												
1399. Totals (Lines 1301 thru 13 above)	303 plus 13	98) (Line 13										
abovoj	1			Credit Life		1			1		1	
		Ordinary		and Individ	ual)		Group)	Ir	ndustrial		Total
DIRECT DEATH BENEFITS AND	1	2	3 No. of	4		5		6	7	8	9	10
MATURED			Ind.Pols.									
ENDOWMENTS INCURRED	No.	Amount	& Gr. Certifs.	Amour	nt	No. of Certifs.	Δ	mount	No.	Amount	No.	Amount
16. Unpaid December 31, prior		7	00.101	7111001		001101	, ,			7		7
year 17. Incurred during current year												
Settled during current year:												
18.1 By payment in full												
18.2 By payment on compromised claims												
18.3 Totals paid											-	
18.4 Reduction by compromise												
18.5 Amount rejected	-		\		-						-	
18.6 Total settlements							7 -					
year (16+17-18.6)			73									
POLICY EXHIBIT						Policies			-			
20. In force December 31, prior				(2)								
year21. Issued during year				(a)		<u> </u>					+	
22. Other changes to in force												
(Net)23. In force December 31 of	†					<u> </u>			†		 	
current year				(a)								
(a) Includes Individual Credit Life Includes Group Credit Life Ins		•		, c onths at issu						rrent year \$		
Loans greater than 60 months												
		Δ	CCIDE	NT AND	HE/	ALTH IN	NSUF	RANCE				
		-		1		2			3	4		5
					Dir	ect Premiu	ums		ls Paid Or On Direct			Direct Losses
04 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			Direct P	remiums		Earned			iness	Direct Losses	Paid	Incurred
24. Group Policies (b)	h Benefits F	Plan	L							 		
premium (b)								 				
24.2 Credit (Group and Individ24.3 Collectively renewable po								l				
24.4 Medicare Title XVIII exem	pt from stat			1,555,808		1,58	31,726		0	1,1	20,630	935,452
Other Individual Policies:												
25.1 Non-cancelable (b)												
25.3 Non-renewable for stated	reasons on	ıly (b)										
25.4 Other accident only												
25.5 All other (b)25.6 Totals (sum of Lines 25.1	to 25.5)		L	0			0	L	0		0	0
26. Totals (Lines 24 + 24.1 +	24.2 + 24.3	3 + 24.4 + 25.6)		1,555,808		1,58	31,726		0	1,1	20,630	935,452
(b) For health business on ind	icated lines	report: Number	of persons	nsured unde	r PPC) managed	d care p	roducts		0 and	l number o	of persons

insured under indemnity only products0 .



	S	IIPPI F	MENT FOR	THE Y	FAR 201	6 OF	 	Silve		nsurano	te Compar			
	CT BUSINESS IN THE				LI		NSUR		E		DUF NAI	RING THE	E YEAR 2016 ny Code 125	
	_	REMIUMS			1		2 dit Life (G			3	4		5	
1.	AND ANNUITY C			Ord	linary	an	nd Individu	al)	Gro	oup	Industr	rial	Total	
2. 3.	Annuity considerations Deposit-type contract fund						XXX				XXX	,		
4.	Other considerations													
5.	Totals (Sum of Lines 1 to 4 DIRECT DIVIDENDS	,	YHOLDERS											
	Life insurance:													
	6.1 Paid in cash or left on6.2 Applied to pay renewal													
	6.3 Applied to provide paid	d-up additio	ns or shorten											
	the endowment or pre 6.4 Other										-			
	6.5 Totals (sum of Line 6.1 Annuities:	I to 6.4)							<u> </u>		-			
	7.1 Paid in cash or left on	-									-			
	7.2 Applied to provide paid 7.3 Other	•									 			
	7.4 Totals (sum of Lines 7	.1 to 7.3)												
8.	Grand Totals (Lines 6.5 pl		FITS PAID			₽	+							
9.	Death benefits					J					<u> </u>			
10. 11.	Matured endowments Annuity benefits													
12.	Surrender values and with	drawals for	life contracts											
13.	Aggregate write-ins for mis and benefits paid													
	All other benefits, except a Totals	accident and	d health								_			
	DETAILS OF WRITE-INS													
1301.											-			
1303.											-			
	Summary of Line 13 from (Totals (Lines 1301 thru 13		•								-			
	above)													
			Ordinary		Credit Life p and Individ	lual)		Croun			ndustrial		Total	
	DIRECT DEATH	1	2	3	4	iuai)	5	Group	6	7	8	9	10	
	BENEFITS AND MATURED			No. of Ind.Pols										
	ENDOWMENTS INCURRED	No.	Amount	& Gr. Certifs.	Amour	nt	No. of Certifs.	A	mount	No.	Amount	No.	Amount	t
	npaid December 31, prior													-
17. In	year ncurred during current year													
	ettled during current year: 8.1 By payment in full													
	8.2 By payment on													
18	compromised claims 8.3 Totals paid						-							
18	8.4 Reduction by compromise													
	8.5 Amount rejected													
	8.6 Total settlements	s						<u> </u>						
	year (16+17-18.6)			- 13			of		-					
	POLICY EXHIBIT						Policies							
)	n force December 31, prior year				.(a)		ļ	 		ļ				
	sued during yearther changes to in force				-			 		-				
((Net) force December 31 of						 	 		-				
(current year				(a)		<u> </u>	<u> </u>						
	udes Individual Credit Life I udes Group Credit Life Insu										rrent year \$			
	ins greater than 60 months			-			-			, cu	rrent year \$			
				CCIDE	NT AND	HEA	LTH II	NSUF	RANCE		•			
					1		2			3 ls Paid Or	4		5	
				Direct F	Premiums	Dire	ect Premii Earned	ums		On Direct iness	Direct Loss	oc Paid	Direct Losses Incurred	s
24.	Group Policies (b)			וופטווט			Lameu		DuSi		Direct LOSS	us i aiu	incurred	
24.1	Federal Employees Health premium (b)													
	Credit (Group and Individu	ıal)												·····
	Collectively renewable pol Medicare Title XVIII exemp				.36,228,118		35,94	40,875			24	,843,573	20,839	9,706
	Other Individual Policies:				, ,		50,0	, •				, -,•.•		,
	Non-cancelable (b)													
	Non-renewable for stated													
25.3														1
25.3 25.4	Other accident only													
25.3 25.4 25.5 25.6	Other accident onlyAll other (b)	to 25.5)			0			0		0				
25.3 25.4 25.5 25.6 26.	Other accident only	to 25.5) 24.2 + 24.3	+ 24.4 + 25.6)		0 36,228,118		35,94	0 40,875		0	24	,843,573	20,839	



SUPPLEMENT FO	IR THE VEAR 201		SilverScript	Insurance	e Company		
DIRECT BUSINESS IN THE STATE OF Arkansas NAIC Group Code 4667	L	IFE INSURA	-		DURII NAIC	NG THE	YEAR 2016 y Code 12575
DIRECT PREMIUMS	1	2 Credit Life (Gr		3	4		5
AND ANNUITY CONSIDERATIONS 1. Life insurance		and Individua	al) G	Group	Industria		Total
Annuity considerations Deposit-type contract funds		XXX			XXX		
Other considerations Totals (Sum of Lines 1 to 4)							
DIRECT DIVIDENDS TO POLICYHOLDERS							
Life insurance: 6.1 Paid in cash or left on deposit							
6.2 Applied to pay renewal premiums							
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period							
6.4 Other							
Annuities: 7.1 Paid in cash or left on deposit							
7.2 Applied to provide paid-up annuities							
7.3 Other 7.4 Totals (sum of Lines 7.1 to 7.3)							
8. Grand Totals (Lines 6.5 plus 7.4) DIRECT CLAIMS AND BENEFITS PAID			$\langle \parallel \parallel \equiv$				
9. Death benefits			`				
Matured endowments Annuity benefits							
Surrender values and withdrawals for life contracts Aggregate write-ins for miscellaneous direct claims							
and benefits paid							
All other benefits, except accident and health Totals							
DETAILS OF WRITE-INS 1301.							
1302.							
1303 1398. Summary of Line 13 from overflow page							
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)							
	Credit Life		•				
Ordinary	(Group and Indivi	dual) 5	Group 6	7	dustrial 8	9	Total 10
BENEFITS AND MATURED	No. of Ind.Pols.						
ENDOWMENTS INCURRED No. Amount	& Gr. Certifs. Amou	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior	Cortilo. 7 inioc	ant Cortilo.	runount	140.	rinodit	110.	7 tilloditi
year						-	
Settled during current year: 18.1 By payment in full							
18.2 By payment on compromised claims							
18.3 Totals paid							
18.4 Reduction by compromise							
18.5 Amount rejected							
19. Unpaid Dec. 31, current year (16+17-18.6)							
POLICY EXHIBIT		. of Policies					
20. In force December 31, prior	(0)	1 Olloics					
year	(a)						
22. Other changes to in force (Net)							
23. In force December 31 of current year	(a)						
(a) Includes Individual Credit Life Insurance prior year \$ Includes Group Credit Life Insurance Loans less than or					rent year \$		
Loans greater than 60 months at issue BUT NOT GREA	•			, cur	rent year \$		
	ACCIDENT AND	HEALTH IN	ISURANCE	3	4		5
	1			nds Paid Or	4		
	Direct Premiums	Direct Premiu Earned		d On Direct siness	Direct Losses	Paid	Direct Losses Incurred
Group Policies (b) 24.1 Federal Employees Health Benefits Plan							
premium (b)					<u></u>		
24.3 Collectively renewable policies (b)			0 102		40 5	71 705	25 600 600
27.7 IVICUIDATE TILLE AVIII EXEMPLITORI STATE TAXES OF TEES		49, 15	u, 103		J42,5	71,725	35,689,608
Other Individual Policies:		,					1
25.1 Non-cancelable (b)							
25.1 Non-cancelable (b)							
25.1 Non-cancelable (b)							
25.1 Non-cancelable (b)				0	42.5	0	



	S	IUPPI F	MENT FOR	THE Y	FAR 201	6 OF	THE	Silve		nsuranc	te Company		
	CT BUSINESS IN THE				LI		NSUR/		.		DURI NAIC	NG THE	YEAR 2016 ny Code 12575
	_	REMIUMS			1		2 dit Life (G			3	4		5
1.	AND ANNUITY C			Ord	linary	an	ıd Individu	iai)	Gr	oup	Industria	11	Total
2. 3.	Annuity considerations Deposit-type contract fund						XXX				XXX		
4.	Other considerations												
5.	Totals (Sum of Lines 1 to 4	,	YHOLDERS										
	Life insurance:												
	6.1 Paid in cash or left on6.2 Applied to pay renewal												
	6.3 Applied to provide paid	d-up additio	ns or shorten										
	the endowment or pre 6.4 Other												
	6.5 Totals (sum of Line 6.1 Annuities:	to 6.4)											
	7.1 Paid in cash or left on	deposit											
	7.2 Applied to provide paid 7.3 Other	•											
	7.4 Totals (sum of Lines 7	.1 to 7.3)		\									
8.	Grand Totals (Lines 6.5 pl		EITS DAID	1			17						
9.	Death benefits		-				\						
10.	Matured endowments												
	Annuity benefits Surrender values and with										<u> </u>		
	Aggregate write-ins for mis and benefits paid	scellaneous	s direct claims										
14.	All other benefits, except a												
15.	Totals DETAILS OF WRITE-INS												
1301.													
1302.													
1398.	Summary of Line 13 from	overflow pa	age										
1399.	Totals (Lines 1301 thru 13 above)	03 plus 139	98) (Line 13										
	,				Credit Life						1	<u> </u>	
	DIRECT DEATH	1	Ordinary 2	(Grou	p and Individ	lual)	5	Group	<u>6</u>	lr 7	idustrial 8	9	Total 10
	BENEFITS AND	'	2	No. of	4		3		0	,	0	9	10
	MATURED ENDOWMENTS			Ind.Pols & Gr.	-		No. of						
10 11	INCURRED Inpaid December 31, prior	No.	Amount	Certifs.	Amour	nt	Certifs.	Α	mount	No.	Amount	No.	Amount
2	year												
	ncurred during current year settled during current year:												
	8.1 By payment in full												
	8.2 By payment on compromised claims												
	8.3 Totals paid 8.4 Reduction by												
	compromise			\ -									
	8.5 Amount rejected 8.6 Total settlements			\								-	
19. U	Inpaid Dec. 31, current							7					
	year (16+17-18.6)			- 1			. of						
20 In	POLICY EXHIBIT n force December 31, prior						Policies						
	year				(a)								
	ssued during year Other changes to in force												
	(Net) n force December 31 of												
(current year				(a)								
	udes Individual Credit Life I ludes Group Credit Life Insu										rrent year \$		
Loa	ans greater than 60 months	at issue Bl	JT NOT GREATE	ER THAN 1	20 MONTHS	6, prior	year \$, cu	rrent year \$		
					NT AND	HEA		NSUF			T .		_
					1		2			3 s Paid Or	4		5
				Direct F	Premiums	Dire	ect Premiu Earned	ums		On Direct ness	Direct Losses	s Paid	Direct Losses Incurred
24.				2,,00,1					Dusi		200. 20036.		
	Federal Employees Health												
24.1	premium (b)												
24.2	premium (b) Credit (Group and Individu	ıal)											
24.2 24.3		ial) icies (b)			332,016,169		329 , 10	01,841			303,4	03,656	253,665,970
24.2 24.3 24.4	Credit (Group and Individu Collectively renewable pol Medicare Title XVIII exemp Other Individual Policies:	ial) icies (b) ot from stat	e taxes or fees		332,016,169		329 , 10	01,841			303,4	03,656	253,665,970
24.2 24.3 24.4 25.1	Credit (Group and Individu Collectively renewable pol Medicare Title XVIII exemp Other Individual Policies: Non-cancelable (b)	ial) icies (b) ot from stat	e taxes or fees		332,016,169		329,10	01,841			303,4		253,665,970
24.2 24.3 24.4 25.1 25.2 25.3	Credit (Group and Individu Collectively renewable pol Medicare Title XVIII exemp Other Individual Policies: Non-cancelable (b)	ral) icies (b) ot from stat reasons on	e taxes or fees		332,016,169		329,10	01,841			303,4	03,656	253,665,970
24.2 24.3 24.4 25.1 25.2 25.3 25.4	Credit (Group and Individu Collectively renewable pol Medicare Title XVIII exemp Other Individual Policies: Non-cancelable (b)	real)	e taxes or fees		332,016,169						303,4	03,656	253,665,970
24.2 24.3 24.4 25.1 25.2 25.3 25.4 25.5 25.6	Credit (Group and Individual Collectively renewable pol Medicare Title XVIII exempother Individual Policies: Non-cancelable (b)	icies (b) ot from stat	e taxes or fees		332,016,169					0			253,665,970
24.2 24.3 24.4 25.1 25.2 25.3 25.4 25.5 25.6 26.	Credit (Group and Individu Collectively renewable pol Medicare Title XVIII exemp Other Individual Policies: Non-cancelable (b)	reasons on to 25.5)	e taxes or fees ly (b)		332,016,169		329,10	0		0	303,4	00	0000000



DIRECT BUSINESS IN THE S NAIC Group Code 4667	STATE OF Colorado	LI	IFE INSURAN	CE		E YEAR 2016 any Code 12575
DIRECT P	REMIUMS	1	2 Credit Life (Group	3	4	5
AND ANNUITY C	ONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total
Life insurance Annuity considerations						
Deposit-type contract fund	s					
4. Other considerations						
5. Totals (Sum of Lines 1 to 4	TO POLICYHOLDERS					
Life insurance:	TO FOLIO INICEDENS					
6.1 Paid in cash or left on o	deposit					
6.2 Applied to pay renewal						
6.3 Applied to provide paid the endowment or pre	n-up additions or snorten mium-paying period					
6.4 Other						
6.5 Totals (sum of Line 6.1	to 6.4)					
Annuities: 7.1 Paid in cash or left on o	deposit					
7.2 Applied to provide paid	I-up annuities					
7.3 Other						
7.4 Totals (sum of Lines 7. 8. Grand Totals (Lines 6.5 plu	, , , , , , , , , , , , , , , , , , ,					
	ND BENEFITS PAID					
9. Death benefits						
10. Matured endowments					_	
11. Annuity benefits12. Surrender values and with					-	
 Aggregate write-ins for mis 						
and benefits paid						
 All other benefits, except a Totals 	ccident and health					
DETAILS OF WRITE-INS						
1301						
1302.						
1303 1398. Summary of Line 13 from 0	overflow page					
1399. Totals (Lines 1301 thru 13						
above)						
		Credit Life				
DIRECT DEATH	Ordinary 2	(Group and Individ	lual) Gr	oup II	ndustrial 8 9	Total 10
BENEFITS AND	1 2	No. of		0 7	0 9	10
MATURED ENDOWMENTS		Ind.Pols.	No. of			
INCURRED	No. Amount	& Gr. Certifs. Amou	No. of Certifs.	Amount No.	Amount No	. Amount
16. Unpaid December 31, prior						
year 17. Incurred during current year						
Settled during current year:						
18.1 By payment in full						
18.2 By payment on compromised claims						
100 T 1 1 11						
18.4 Reduction by	_		. <u> </u>			
compromise 18.5 Amount rejected						
18.6 Total settlements			7 / /			
19. Unpaid Dec. 31, current						
year (16+17-18.6)			of			
POLICY EXHIBIT			Policies			
20. In force December 31, prior year		(a)				
21. Issued during year		` '				
22. Other changes to in force						
(Net)23. In force December 31 of						
current year		(a)				
(a) Includes Individual Credit Life In		, (
Includes Group Credit Life Insu Loans greater than 60 months		•		, CL	•	
Loans greater than oo months					πιστι γοαι φ	
		ACCIDENT AND	HEALTH INS	URANCE 3	4	5
		'	2	Dividends Paid Or	4	5
			Direct Premiums			Direct Losses
24. Group Policies (b)		Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24.1 Federal Employees Health					-	
premium (b)					-	
24.2 Credit (Group and Individu24.3 Collectively renewable poli	*					
24.4 Medicare Title XVIII exemp		23,054,838	22,025,79			14,429,174
Other Individual Policies:		, ,			,,,	
25.1 Non-cancelable (b)					-	
25.2 Guaranteed renewable (b)25.3 Non-renewable for stated renewable for sta						
25.4 Other accident only						
25.5 All other (b)						
25.6 Totals (sum of Lines 25.1 t	to 25.5)	0		.00	0	ļC
26. Totals (Lines 24 + 24.1 + 2						14,429,174
(b) For health business on indic						

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insured under indemnity only products



DIFFECT PRINCIPLES AND AMONITY CONSIDERATIONS Ordinary Characteristics AND AMONITY CONSIDERATIONS Ordinary Characteristics Annual Considerations A Characteristics A Special Characteristics B Felial Characteri		BUSINESS IN THE S oup Code 4667	STATE O	F Connecticut		LI	FE I	NSUR	ANCE	E		_		YEAR 2016 by Code 12575
AND ANNITY CONSIDERATIONS 2. Pages Reporting the Control Index 2. Pages Reporting the Control Index 3. Depaid Reporting the Control Index 4. Control Considerations 4. Control Index 5. Index Index Index 5. Index Index Index 5. Index Index Index 5. Index Index 5. Index Index 5. Index 5. Index 5. Index 6. Inde		•	DENNUMA					2			3	4	Jompan	•
1. If the Townsheed of the Control o					Ordi	nary				Gr	oup	Industria	ıl	Total
3. Organishape contract funds 4. Organishape contract funds 5. Organishape contract funds		e insurance												
5. Totals cannot be a first to a		•												
3. Totals Sum of Lines 1 to 0 Household in Supplementary Company (Control of Supplementary Control of Supplementary Contr						ſ								
Life incurance 6.2 Apolied to pay network promuma or abotion 1.6 Part in cash or left for disposit 6.2 Apolied to pay network promuma or abotion 1.6 Part in cash or left for disposit 6.4 Other 6.5 Totals cannot for promuma pay part of the cash of the abotion of the pay of the cash		tals (Sum of Lines 1 to 4	4)											
6.1 Park in case or for independence of a chapter of 2.4 Applied to provide parking additions or infrared in the control of permitting and permitted and permitting and permitted and pe			TO POLIC	YHOLDERS										
8 - 2 Applied to pay remain promitime. 8 - 3 Applied to provine payung additions or shorten 9 - 3 Applied to provine payung additions or shorten 9 - 4 Comment on permannyship period 9 - 4 Comment on permannyship period 9 - 5 Total to more of the 9 to 10 - 5 4 Available: 17 - 17 Fall of Loan for sit to of depair 17 - 18 Comment on permannyship period 9 - 18 - 18 - 18 - 18 - 18 - 18 - 18 - 1			donocit											
B. Applied to provide packing additions or shorten to grow an experiment or portions being parted on the contract of the contr	6.2	2 Applied to pay renewal	premiums											
6.4 Cliner 6.5 Folias (sum of Line 6.1 to 6.4) 7.1 Piet In each to left in deposit 7.2 Applied to provide paid-up annulles 7.2 Applied to provide paid-up annulles 7.3 Cliner 7.4 Folias (sum of Lines 7.1 to 7.8) 8. Cliner Interest (sum of Lines 7.1 to 7.8) 9. Cliner Interest (sum of Lines 7.		Applied to provide paid	d-up additio	ns or shorten										
S. S Totals (sum of Line 6 1 to 6 4) Annuals. 7-A Applied to provide paid-sp annualities 7-3 Other 7-A Totals (sum of Line 7 1 to 7-3) DIRECT CLAIRS AND BENEFITS PAID Ministry annual to the 6 to 10 to 7-9 DIRECT CLAIRS AND BENEFITS PAID Ministry annual to the 6 to 10 to 7-9 DIRECT CLAIRS AND BENEFITS PAID Ministry annual to the 6 to 10 to 7-9 DIRECT CLAIRS AND BENEFITS PAID Ministry annual to the 6 to 10 to 7-9 DIRECT CLAIRS (SWITE-18) Continued DIRECT CLAIRS (SWITE-18) Continued Continued DIRECT CLAIRS (SWITE-18) DIRECT	6.4	the endowment or pre	mium-payir	ng period										
Annualists: 7.1 Paid in cash or left on depose. 7.2 Applied to privide paid-ya parulles. 7.3 Applied to privide paid-ya parulles. 7.4 Totals (paid times 6 ji het 7-4) 9. DiRECT CLAIMS AND BENETIS PAID 9. Consist burnels: 9. Applied the ordinary of the 7-10 per paid to contract. 9. Applied the ordinary of the 7-10 per paid to contract. 9. Applied the first of miscolariseaus direct claims and benefits paid. 9. All other borrish of contracting and benefits. 9. DETAILS OF WRITE-INS 1902. 1903. Summary of the 130 from overflow page. 1903. Summary overflow page. 1904. Summary overflow page. 1904. Summary overflow page. 1905. Summary overflow page. 1905. Summary overflow page. 2004. Summary overflow page. 21 Summary overflow page. 21 Summary overflow page. 22 Other changes to in force first. 23 Total settlements. 24 Summary overflow page. 25 Summary overflow page. 26 Summary overflow. 27 Summary overflow page. 28 Summary overflow. 29 Summary overflow. 20 Summary overflow. 20 Summary overflow. 20 Summary overflow. 21 Summary overflow. 21 Summary overflow. 22 Summary overflow. 23 Summary overflow. 24 Models file file TVIII overflow. 25 Summary overflow. 26 Summary overflow. 27 Summary overflow. 28 Summary overflow. 29 Summary overflow. 20 Summary overflow. 20 Summary ov														
7.2 Angled do provide paid-up analytice 7.3 Other 7.3 Totals (paim of Lines 25 pls 9.7.0) 8. Desth benefits 8. Desth benefits 9. Desth benefits 11. Annuty benefits 11. Annuty benefits 13. Totals (paid and paid benefits) 13. Totals (paid and paid benefits) 14. All other benefits, accept accident and health 15. Totals 15. Totals 16. Uppas Desth 15. Totals 16. Uppas Deschied 31, prior paid 17. Desth 15. Totals 18. Desth 15. Totals 18. Desth 15. Totals 18. Desth 15. Totals 19. Desth 15. D	Anı	nuities: `	,											
7.3 Other 7.4 Totals (gam of Lines 7.1 to 7.3) 5. Grand Totals (Lines 6.5 pilo 7.4) 7.4 Totals (gam of Lines 7.1 to 7.3) 5. Grand Totals (Lines 6.5 pilo 7.4) 7.4 Totals (Lines 6.5 pilo 7.4)			•											
7.4 Totals (sum of Lines 7, 1 to 7.3) Oracle Totals (inne 6, 5) plat 7.4) Diffect CLAMS AND BENEFITS PAID Death breafile. The September of the Contracts of														
DIRECT CLAIMS AND SENERTIS PAID Death browless 10. Method endowments 11. Amount persisting of uniformatical for life contracts 13. Aggregate write-response or life contracts 14. And other benefits, except accident and health 15. Unpaid December 31, prior, years 16. Unpaid December 31, prior, years 16. Unpaid December 31, prior, years 18. Sy payment in full 18. A Rount repeated 18. Sy payment in full 18. Aggregate write-response or life in surrance prior year \$ 18. Includes Individual Contracts 20. Individual Contracts 21. To decomposition of the surrance prior year \$ 18. Includes Individual Contracts 22. Other changes in in force 18. Group Policies (b) 24. Group Policies (b) 24. Group Policies (c) 25. A Clinical Policies 26. Account provides 27. Contract Contracts 28. No. Con														
3. Death benefits 11. Annuly benefits 11. Annuly benefits 11. Annuly benefits 12. Surrector values and withdrawals for life contracts 13. and benefits paid. 14. All other benefits, except accident and health 15. Totals 15. Totals 16. June 16. June 16. Totals 16. Totals 17. June 16.	8. Gra			`										
10. Martured enconverses 11. Annually benefits 12. Surrender values and witchewals for life confracts 13. Algranges were their for miscesteneous direct claims 14. All other benefits, except accident and health 15. Totals DETAILS OF WRITE-4NS 1301. 1302. 1309. 130	0 Do				W		J	II 7						
1.1. Annuly benefits 1.2. Surrends value and withdrawals for life contracts 1.3. Aggregate write-ins for miscellaneous direct claims and herefits paid. 1.5. Totals Christip paid. 1.5. Total Christip paid. 1.5. Tota														
13. Agropade write-ins for miscellaneous direct claims and benefits and sentified and sentified in the property of the propert	11. Anı	nuity benefits												
arid Senefits paid 13. Totals DETAILS OF WRITE-INS DETAILS OF WRITE-INS 1302. 1303. 1309. 1309. 1309. DIRECT DEATH BENEFITS AND BENEFITS AN				Γ.						 				
14. All other benefits, except accident and health 15. Totals DETAILS OF WRITE-INS 1301. 1302. 1303. Summary of Line 13 from credition page		0 0												
DEFAILS OF WRITE-INS 1301. 1302. 1308. Summary of Line 13 from overflow page. 1309. Totals (lines 130) thru 1303 plus 1388) (Line 13 above) DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS No. Amount 1 2 No. of Ind Polis. ENDOWMENTS No. Amount 1 Certifs. Amount 1 Certifs. Amount 1 No. of Amount 1 No. Amoun	14. All	other benefits, except a												
1390. 1390.														
1398. Surmary of Line 13 from overflow page														
1398. Summary of Line 13 from overflow page 1399. Totals (Lines 1301 thru 1303 pius 1398) (Line 13 1399. Direct DEATH BENEFITS AND MATURED 1 2 3 4 5 6 7 8 9 9 10 10 10 10 10 10 10 10 10 10 10 10 10 10 1														
1399 Totals (Lines 1301 thru 1303 plus 1398) (Line 13 bove) DIRECT DEATH BENEFITS AND MATURED ENOUWMENTS AND MATURED ENOUWMENTS INCURRED 1 2 No. of Indirection individual)	1303													
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS IS. Unpul Dec. 1 Supper to the state of the state		•		•										
DIRECT DEATH BENEFITS AND MATURED MATURED MOUNT		*	os pius Tos	96) (LINE 13										
DIRECT DEATH BENEFITS AND MATURED MATURED MOUNT						Credit Life		1						
BENEFITS AND MATURED ENDOWMENTS INCLUDED INCLUDE					(Group	and Individ	ual)		Group					
NO. Amount			1	2	_	4		5		6	7	8	9	10
INCURRED No. Amount Ceriffs. Amount No. Amou		MATURED												
16. Unpaid December 31, prior year 17. Incurred during current year: 18.1 By payment in full 18.2 By payment in full 18.2 By payment in full 18.2 By payment in full 18.3 Totals paid 18.4 Reduction by compromised claims 18.3 Totals paid 18.4 Reduction by compromise 18.5 Amount rejected 18.6 Total settlements 19. Unpaid Dec. 31, current year (18-17-18.6) POLICY EXHIBIT 20. In force December 31 prior year 21. Issued during year 22. Other changes to in force (Net) 22. Other changes to in force (Net) 23. In force December 31 of current year (a) includes Individual Cerdit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ Includes Group Prodit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ Includes Group Prodit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ Includes Group Prodit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ Includes Group Prodit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ Includes Group Prodit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ Includes Group Prodit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ Includes Group Prodit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ Includes Group Prodit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ Includes Group Prodit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ Includes Group Prodit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ Includes Group Prodit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ Includes Group Prodit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ Includes Group Prodit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ Includes Group Prodit L			No	Amount		Amour	n+		_	mount	No	Amount	No	Amount
year Settled during current year Settled during current year Settled during current year Settled during current year Settled during current year Settled during current year Settled during current year Settled during current year Settled during current year Settled during current year Settled during current year Settled during	16. Unpa		NO.	Amount	Certiis.	Amour	IL	Certiis.	А	mount	INO.	Amount	NO.	Amount
Settled during current year: 18.1 By payment in full 18.2 By payment in on compromised claims. 18.3 Totals paid 18.4 Reduction by compromise compromises 18.5 Amount rejected 18.6 Total settlements 19. Unpaid Dec. 31. current year (16+17-18.6) POLICY EXHIBIT 20. In force December 31, prior year 21. Susued during year 22. Other changes to in force (Net) 31. In force December 31 of current year (Net) 32. In force December 31 of current year (Net) 33. In force December 31 of current year (Net) 34. Carrent year Section of the compromise														
18.1 By payment in full 18.2 By payment on compromised claims 18.3 Total settla paid 18.4 Reduction by compromise 18.5 Amount rejected 18.6 Total settlements 19. Unpaid Dec. 31. current year (16+17-16.6) POLICY EXHIBIT 20. In force December 31, prior year 21. Issued during year 22. Other changes to in force (Net) 23. In force December 31 or current year (Net) 24. Group Policies the insurance prior year \$ Includes Circup Credit Life Insurance prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ Current year ACCIDENT AND HEALTH INSURANCE 1 2 Direct Premiums Direct Redided Paid Or Credited On Direct Business Direct Losses Paid Incurred Direct (Group and Individual) 24.2 Credit (Group and Individual) 24.3 Collectively renewable policies (b) 24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies 25.1 Non-cancelable (b) 25.2 Quaranteed renewable (b) 25.2 Quaranteed renewable (b) 25.3 Non-renewable for stated reasons only (b) 25.4 Other accident only.														
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Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$	curre	ent year												
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ ACCIDENT AND HEALTH INSURANCE 1 2 3 4 5 Dividends Paid Or Credited On Direct Business Direct Losses Paid Direct Losses Paid Direct Losses Paid Premium (b) 24.1 Federal Employees Health Benefits Plan premium (b) 24.2 Credit (Group and Individual) 24.3 Collectively renewable policies (b) 24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies: 25.1 Non-cancelable (b) 25.2 Guaranteed renewable for stated reasons only (b) 25.3 Non-renewable for stated reasons only (b) 25.5 All other (b) 25.6 All other (b)														
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Direct Premiums Direct Premiums Earned Dividends Paid Or Credited On Direct Business Direct Losses Paid Direct Paid Paid Paid Paid Paid Paid Paid Paid				A			HEA		NSUF					
Direct Premiums Earned Business Direct Losses Paid						1		2			-	4		5
24. Group Policies (b)							Dir		ums	Credited	On Direct			
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premium (b)										<u> </u>		-		
24.3 Collectively renewable policies (b) 24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies: 25.1 Non-cancelable (b) 25.2 Guaranteed renewable (b) 25.3 Non-renewable for stated reasons only (b) 25.4 Other accident only 25.5 All other (b)	pr	remium (b)								ļ				
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies: 46,357,749 45,212,698 39,082,239 32,642,28 25.1 Non-cancelable (b) 25.2 Guaranteed renewable (b) 25.3 Non-renewable for stated reasons only (b) 25.4 Other accident only 25.5 All other (b)										·····				
Other Individual Policies: 25.1 Non-cancelable (b)								45.2	12,698			39 (182,239	32,642,280
25.2 Guaranteed renewable (b)	Oth	her Individual Policies:				, ,			, - 3 -			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, == 3	
25.3 Non-renewable for stated reasons only (b)		, ,												
25.4 Other accident only										·····				
25.5 All other (b)										<u></u>				
	25.5 All	other (b)												
	25.6 Tot	tals (sum of Lines 25.1 t	to 25.5)			0		 -	0	ļ		<u> </u>	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) 46,357,749 45,212,698 0 39,082,239 32,642,28 (b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons							* DDO							32,642,280



DIRECT BUSINESS IN T NAIC Group Code 46		OF Delaware		LI	IFE I'	NSUR	ANCE	E				YEAR 2016 y Code 12575
	CT PREMIUM	•	,	1		2 dit Life (G			3	4	Compan	5
	ITY CONSIDER	-	Ordi	inary		nd Individu		Gı	roup	Industri	al	Total
Life insurance					ļ							
Annuity consideration Deposit-type contract					<u> </u>	XXX				XXX		
Other considerations												
Totals (Sum of Lines	1 to 4)											
DIRECT DIVIDE	NDS TO POLIC	CYHOLDERS										
Life insurance: 6.1 Paid in cash or le	eft on deposit				1							
6.2 Applied to pay re	newal premiums	S										
6.3 Applied to provid												
6.4 Other	or premium-pay	ing period										
6.5 Totals (sum of Li												
Annuities:												
7.1 Paid in cash or le 7.2 Applied to provid	•				<u> </u>							
7.3 Other												
7.4 Totals (sum of Li	,											
8. Grand Totals (Lines	6.5 plus 7.4) MS AND BENE	EITC DAID				47						
9. Death benefits			1			II 7						
Matured endowment												
11. Annuity benefits								<u> </u>				
 Surrender values and Aggregate write-ins f 			<u> </u>		ļ			 				
and benefits paid					ļ			ļ				
14. All other benefits, ex					ļ							
15. Totals DETAILS OF WRITE	:JNS				 			 				
1301	-				1							
1302.												
1303					}							
1398. Summary of Line 13 1399. Totals (Lines 1301 th		•										
above)	1000 p.a0 10	(26 16										
				Credit Life								
DIDECT DEATH		Ordinary		p and Individ	lual)		Group			ndustrial	0	Total
DIRECT DEATH BENEFITS AND	1	2	3 No. of	4		5		6	7	8	9	10
MATURED			Ind.Pols.									
ENDOWMENTS INCURRED	No.	Amount	& Gr. Certifs.	Amour	nt	No. of Certifs.	Α.	mount	No.	Amount	No.	Amount
16. Unpaid December 31, p	orior	711100111	00.10.	7		001101				7		7
year 17. Incurred during current												
Settled during current y	-					†						
18.1 By payment in full												
18.2 By payment on compromised cla	ime											
18.3 Totals paid												
18.4 Reduction by compromise							_					
18.5 Amount rejected			\									
18.6 Total settlements												
19. Unpaid Dec. 31, curren year (16+17-18.6)	t											
year (10+17-10.0)						. of						
POLICY EXHIBIT					_	Policies	_					
20. In force December 31, year				(a)		<u> </u>	<u> </u>					
21. Issued during year				<u> </u>			ļ					
22. Other changes to in for (Net)												
23. In force December 31 c												
current year (a) Includes Individual Credit	Life Incurence	orior year ¢		(a)	nurcost	L Vear ®	Ь					
Includes Group Credit Lif				, c nonths at issu						ırrent year \$		
Loans greater than 60 mg										• :		
			CCIDE	NT AND	HE4	ALTH II	NSUF	RANCE				
				1		2			3	4		5
					Dir	ect Premiu	ume		ds Paid Or I On Direct			Direct Losses
			Direct P	remiums	Dire	Earned	GIIIL		siness	Direct Losse	s Paid	Incurred
24. Group Policies (b)					ļ							
24.1 Federal Employees I premium (b)					L							
24.2 Credit (Group and In	dividual)											
24.3 Collectively renewab												
24.4 Medicare Title XVIII of Other Individual Police	•	te taxes or fees	ļ	10,159,534	ł	9,25	ນ5,218	 		7,	817,756	6,540,244
25.1 Non-cancelable (b)					L							
25.2 Guaranteed renewal	ole (b)											
25.3 Non-renewable for st					ļ					.		
25.4 Other accident only												
25 5 All other (b)			ļ					 				
25.5 All other (b) 25.6 Totals (sum of Lines	25.1 to 25.5)		L	0	L		0) L	0	0
25.5 All other (b)	25.1 to 25.5) 1.1 + 24.2 + 24.3	3 + 24.4 + 25.6)		0 10,159,534		9,25	55,218		(7,	817,756	6,540,244

LS206.DE

insured under indemnity only products



IRECT BUSINESS IN TH AIC Group Code 466		2.00000		LIF	E INSURA	NCE			_		YEAR 2016 / Code 12575
·	T PREMIUMS	3	1		2 Credit Life (Gr			3	4		5
AND ANNUIT	Y CONSIDER	ATIONS	Ordir	nary	and Individua		G	roup	Industria	ıl	Total
1. Life insurance											
 Annuity considerations Deposit-type contract f 					XXX				XXX		
Other considerations									1		
5. Totals (Sum of Lines 1	to 4)										
DIRECT DIVIDEN	OS TO POLIC	YHOLDERS									
Life insurance:											
6.1 Paid in cash or left6.2 Applied to pay rene											
6.3 Applied to provide	•										
the endowment or											
6.4 Other 6.5 Totals (sum of Line									 		
Annuities:	0.1 (0 0.4)										
7.1 Paid in cash or left									_		
7.2 Applied to provide											
7.3 Other 7.4 Totals (sum of Line			\		\						
8. Grand Totals (Lines 6.9	,								<u></u>		
DIRECT CLAIM	S AND BENE		V			7					
9. Death benefits					7				<u> </u>		
 Matured endowments . Annuity benefits 									_		
12. Surrender values and v											
13. Aggregate write-ins for	miscellaneous	s direct claims								1	
and benefits paid 14. All other benefits, exce									 		
 All other benefits, exce Totals 	n accident and	u 116aill1							†		
DETAILS OF WRITE-I	NS										
301											
302.											
303 398. Summary of Line 13 fro	m overflow na								†		
399. Totals (Lines 1301 thru		•									
above)											
			C	Credit Life							
DIDECT DEATH		Ordinary		and Individua		Group		7	dustrial	9	Total
DIRECT DEATH BENEFITS AND	1	2	3 No. of	4	5		6	/	8	9	10
MATURED			Ind.Pols.								
ENDOWMENTS INCURRED	No.	Amount	& Gr. Certifs.	Amount	No. of Certifs.	Δι	mount	No.	Amount	No.	Amount
6. Unpaid December 31, pri		7	00.101	7 1111001110	001101				7	1101	7111104111
year7. Incurred during current year											
Settled during current year								+			
18.1 By payment in full											
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compromised clain 18.3 Totals paid											
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18.5 Amount rejected 18.6 Total settlements											
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18.5 Amount rejected 18.6 Total settlements 9. Unpaid Dec. 31, current					of Policies						
18.5 Amount rejected 18.6 Total settlements 9. Unpaid Dec. 31, current year (16+17-18.6) POLICY EXHIBIT 20. In force December 31, pri	or				of Policies						
18.5 Amount rejected 18.6 Total settlements 9. Unpaid Dec. 31, current year (16+17-18.6) POLICY EXHIBIT 10. In force December 31, pri year	or			(a)	of Policies						
18.5 Amount rejected 18.6 Total settlements 9. Unpaid Dec. 31, current year (16+17-18.6) POLICY EXHIBIT 0. In force December 31, pri year	or			a)	of Policies						
18.5 Amount rejected 18.6 Total settlements 19. Unpaid Dec. 31, current year (16+17-18.6) POLICY EXHIBIT 20. In force December 31, pri year 21. Issued during year 22. Other changes to in force (Net)	or			a)	of Policies						
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18.5 Amount rejected	or fe Insurance p nsurance Loar ths at issue BU alth Benefits F vidual) policies (b) empt from stat	orior year \$	qual to 60 mc ER THAN 12 ACCIDEN 1 Direct Pr	a), cui onths at issue 0 MONTHS,	irrent year \$ e, prior year \$ prior year \$ HEALTH IN 2 Direct Premiu Earned	ISUF	RANCE Divident	3 ds Paid Or I On Direct	Prent year \$ 4 Direct Losses		5 Direct Losses Incurred
18.5 Amount rejected	or fe Insurance p nsurance Loar ths at issue BL alth Benefits F vidual)	prior year \$	qual to 60 mc ER THAN 12 ACCIDEN 1 Direct Pr	a), cui onths at issue 0 MONTHS, IT AND F	irrent year \$ e, prior year \$ prior year \$ HEALTH IN 2 Direct Premiu Earned	ISUF	RANCE Divident	3 ds Paid Or I On Direct	Prent year \$ 4 Direct Losses	s Paid	5 Direct Losses
18.5 Amount rejected	or fe Insurance p nsurance Loar ths at issue BL alth Benefits F vidual)	prior year \$	qual to 60 mc ER THAN 12 ACCIDEN 1 Direct Pr	a), cui onths at issue 0 MONTHS, IT AND F	irrent year \$ e, prior year \$ prior year \$ HEALTH IN 2 Direct Premiu Earned	ISUF	RANCE Divident	3 ds Paid Or I On Direct	Prent year \$ 4 Direct Losses	s Paid	5 Direct Losses Incurred
18.5 Amount rejected	or fe Insurance p nsurance Loar ths at issue BL alth Benefits F vidual) policies (b) empt from stat is:	prior year \$	qual to 60 mc ER THAN 12 ACCIDEN 1 Direct Pr	a) , cui onths at issue to MONTHS, IT AND F emiums	irrent year \$ e, prior year \$ prior year \$ HEALTH IN 2 Direct Premiu Earned	ISUF	RANCE Divident	3 ds Paid Or I On Direct	Prent year \$ 4 Direct Losses	s Paid	5 Direct Losses Incurred

3,767,664 ...0 and number of persons insured under indemnity only products

0

0

0

0

4,507,711



			1		FE INSURA	AINCL				Compan	y Code 12
DIRECT P	REMIUMS			1	2 Credit Life (Gr	oup		3	4		5
AND ANNUITY CO			Ord	linary	and Individu	al)	Gr	oup	Industria	al	Total
Life insurance											
 Annuity considerations Deposit-type contract funds 					XXX				1001		
Other considerations					XXX						
5. Totals (Sum of Lines 1 to 4											
DIRECT DIVIDENDS 1		YHOLDERS									
Life insurance:											
6.1 Paid in cash or left on d											
6.2 Applied to pay renewal											
6.3 Applied to provide paid- the endowment or pren	-up additioi nium-navin	ns or snorten									
6.4 Other	pay										
6.5 Totals (sum of Line 6.1	to 6.4)										
Annuities:											
7.1 Paid in cash or left on d7.2 Applied to provide paid											
7.3 Other											
7.4 Totals (sum of Lines 7.											
Grand Totals (Lines 6.5 plu	ıs 7.4)										
DIRECT CLAIMS AN		-	1								
Death benefits											
. Matured endowments											
. Annuity benefits											
Aggregate write-ins for miss											
and benefits paid											
. All other benefits, except ac	ccident and	d health									
. Totals											
DETAILS OF WRITE-INS 1											
)2											
3.											
98. Summary of Line 13 from o	verflow pag	ge									
99. Totals (Lines 1301 thru 130	3 plus 139	98) (Line 13									
above)											
	(Ordinary		Credit Life p and Individ	ual)	Group			Industrial		Total
DIRECT DEATH	1	2	3	4	5	Стопр	6	7	8	9	10
DENIETTE AND			No. of								
BENEFITS AND											
MATURED ENDOWMENTS			Ind.Pols	-	No. of						
MATURED ENDOWMENTS INCURRED	No.	Amount		Amour		Ar	mount	No.	Amount	No.	
MATURED ENDOWMENTS INCURRED Unpaid December 31, prior	No.	Amount	Ind.Pols & Gr.			Ar	nount	No.	Amount	No.	Amour
MATURED ENDOWMENTS INCURRED Unpaid December 31, prior year			Ind.Pols & Gr. Certifs.			Ar	mount	No.	Amount	No.	
MATURED ENDOWMENTS INCURRED Unpaid December 31, prior year Incurred during current year	No.	Amount	Ind.Pols & Gr. Certifs.			Ar	mount	No.	Amount	No.	
MATURED ENDOWMENTS INCURRED Unpaid December 31, prior year			Ind.Pols & Gr. Certifs.			Ar	mount	No.	Amount	No.	
MATURED ENDOWMENTS INCURRED Unpaid December 31, prior year			Ind.Pols & Gr. Certifs.			Ar	mount	No.	Amount	No.	
MATURED ENDOWMENTS INCURRED Unpaid December 31, prior year			Ind.Pols & Gr. Certifs.			Ar	mount	No.	Amount	No.	
MATURED ENDOWMENTS INCURRED Unpaid December 31, prior year			Ind.Pols & Gr. Certifs.			Ar	mount	No.	Amount	No.	
MATURED ENDOWMENTS INCURRED Unpaid December 31, prior year Incurred during current year: 8.1 By payment in full Incurred to compromised claims Incurred to compromised claims Incurred to compromise Incurred to compromise			Ind.Pols & Gr. Certifs.			Ar	mount	No.	Amount	No.	
MATURED ENDOWMENTS INCURRED Unpaid December 31, prior year Incurred during current year: 18.1 By payment in full 18.2 By payment on compromised claims 18.3 Totals paid 18.4 Reduction by compromise 18.5 Amount rejected 18.5 Amount rejected 18.5 Incurrent year:			Ind.Pols & Gr. Certifs.			Ar	mount	No.	Amount	No.	
MATURED ENDOWMENTS INCURRED Unpaid December 31, prior year Incurred during current year: 18.1 By payment in full 18.2 By payment on compromised claims 18.3 Totals paid 18.4 Reduction by compromise 18.5 Amount rejected 18.6 Total settlements			Ind.Pols & Gr. Certifs.			Ar	mount	No.	Amount	No.	
MATURED ENDOWMENTS INCURRED Unpaid December 31, prior year			Ind.Pols & Gr. Certifs.			Ar	mount	No.	Amount	No.	
MATURED ENDOWMENTS INCURRED Unpaid December 31, prior year Incurred during current year: 18.1 By payment in full 18.2 By payment on compromised claims 18.3 Totals paid 18.4 Reduction by compromise 18.5 Amount rejected 18.6 Total settlements Unpaid Dec. 31, current year (16+17-18.6)			Ind.Pols & Gr. Certifs.			Ar	mount	No.	Amount	No.	
MATURED ENDOWMENTS INCURRED Unpaid December 31, prior year Incurred during current year: 18.1 By payment in full 18.2 By payment on compromised claims 18.3 Totals paid 18.4 Reduction by compromise 18.5 Amount rejected 18.6 Total settlements Unpaid Dec. 31, current year (16+17-18.6) POLICY EXHIBIT			Ind.Pols & Gr. Certifs.			Ar	mount	No.	Amount	No.	
MATURED ENDOWMENTS INCURRED Unpaid December 31, prior year			Ind.Pols & Gr. Certifs.	Amour	Certifs.	Ar	mount	No.	Amount	No.	
MATURED ENDOWMENTS INCURRED Unpaid December 31, prior year			Ind.Pols & Gr. Certifs.		Certifs.	Ar	mount	No.	Amount	No.	
MATURED ENDOWMENTS INCURRED Unpaid December 31, prior year Incurred during current year Settled during current year: 18.1 By payment in full			Ind.Pols & Gr. Certifs.	Amour	Certifs.	Ar	mount	No.	Amount	No.	
MATURED ENDOWMENTS INCURRED Unpaid December 31, prior year			Ind.Pols & Gr. Certifs.	Amour	Certifs.	Ar	mount	No.	Amount	No.	
MATURED ENDOWMENTS INCURRED Unpaid December 31, prior year			Ind.Pols & Gr. Certifs.	Amour	Certifs.	Ar	mount	No.	Amount	No.	
MATURED ENDOWMENTS INCURRED Unpaid December 31, prior year			Ind.Pols & Gr. Certifs.	Amour	Certifs.	Ar	mount	No.	Amount	No.	
MATURED ENDOWMENTS INCURRED Unpaid December 31, prior year Incurred during current year Settled during current year: 18.1 By payment in full	isurance pi	rior year \$	Ind.Pols & Gr. Certifs.	(a)	Certifs. Of Policies Pourrent year \$				Amount	No.	
MATURED ENDOWMENTS INCURRED Unpaid December 31, prior year Incurred during current year Settled during current year: 18.1 By payment in full	isurance prance Loan	rior year \$	Ind.Pols & Gr. Certifs.	Amour (a) (a) (nonths at issue	of Policies Durrent year \$ Due, prior year \$, ci		No.	
MATURED ENDOWMENTS INCURRED Unpaid December 31, prior year Incurred during current year Settled during current year: 18.1 By payment in full	isurance prance Loan	rior year \$sis less than or eq	Ind.Pols & Gr. Certifs.	(a)	of Policies Burrent year \$ Bue, prior year \$ By, prior y			, ci	urrent year \$	No.	
MATURED ENDOWMENTS INCURRED Unpaid December 31, prior year Incurred during current year: 18.1 By payment in full 18.2 By payment on compromised claims 18.3 Totals paid 18.4 Reduction by compromise 18.5 Amount rejected 18.6 Total settlements Unpaid Dec. 31, current year (16+17-18.6) POLICY EXHIBIT In force December 31, prior year Issued during year Other changes to in force (Net) In force December 31 of current year Includes Individual Credit Life Innuludes Group Credit Life Insul	isurance prance Loan	rior year \$sis less than or eq	Ind.Pols & Gr. Certifs.	(a)	of Policies Durrent year \$ Due, prior year \$ Du		BANCE	, CI	urrent year \$	No.	Amour
MATURED ENDOWMENTS INCURRED Unpaid December 31, prior year Incurred during current year: 18.1 By payment in full 18.2 By payment on compromised claims 18.3 Totals paid 18.4 Reduction by compromise 18.5 Amount rejected 18.6 Total settlements Unpaid Dec. 31, current year (16+17-18.6) POLICY EXHIBIT In force December 31, prior year Issued during year Other changes to in force (Net) In force December 31 of current year Includes Individual Credit Life Innuludes Group Credit Life Insul	isurance prance Loan	rior year \$sis less than or eq	Ind.Pols & Gr. Certifs.	(a)	of Policies Burrent year \$ Bue, prior year \$ By, prior y		RANCE	, ci	urrent year \$	No.	
MATURED ENDOWMENTS INCURRED Unpaid December 31, prior year	isurance prance Loan	rior year \$sis less than or eq	Ind.Pols & Gr. Certifs.	(a)	current year \$ de, prior year	ISUR	BANCE	3 ds Paid Or On Direct	urrent year \$		Amour 5
MATURED ENDOWMENTS INCURRED Unpaid December 31, prior year	isurance pr rance Loan	rior year \$sis less than or ed	Ind.Pols & Gr. Certifs.	(a)	current year \$ ue, prior year \$	ISUR	BANCE	, compared to the control of the con	urrent year \$		Amour

		1	2	3	4	5
				Dividends Paid Or		
			Direct Premiums	Credited On Direct		Direct Losses
		Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24.	Group Policies (b)					
24.1	Federal Employees Health Benefits Plan premium (b)					
24.2	Credit (Group and Individual)					
24.3	Collectively renewable policies (b)					
	Medicare Title XVIII exempt from state taxes or fees		143, 185, 276		115,598,250	97,082,348
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)					
	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
	All other (b)					
	Totals (sum of Lines 25.1 to 25.5)		0	0	0	0
26	Totals (Lines $24 \pm 24.1 \pm 24.2 \pm 24.3 \pm 24.4 \pm 25.6$)	15/ 127 676	1/12 185 276	0	115 508 250	07 082 348

insured under indemnity only products0 .



IRECT BUSINESS IN THE S AIC Group Code 4667		3		LIFI	E INSUR		DURING THE YEAR 2016 NAIC Company Code 12575				
DIRECT P			1		2 Credit Life (G			3	4		5
AND ANNUITY Co			Ordin	nary	and Individu	al)	G	roup	Industria	<u>tl</u>	Total
Annuity considerations											
 Deposit-type contract funds 					XXX				XXX		
4. Other considerations											
5. Totals (Sum of Lines 1 to 4											
DIRECT DIVIDENDS	TO POLIC	YHOLDERS									
Life insurance:											
6.1 Paid in cash or left on o											
6.2 Applied to pay renewal											
 6.3 Applied to provide paid the endowment or prer 											
6.4 Other											
6.5 Totals (sum of Line 6.1	to 6.4)										
Annuities:											
7.1 Paid in cash or left on c											
7.2 Applied to provide paid											
7.3 Other 7.4 Totals (sum of Lines 7.			\		\						
. Grand Totals (Lines 6.5 plu	,		\	1							
DIRECT CLAIMS A		TITS PAID	+		₽₽₹	\forall					
. Death benefits		-			/ 						
). Matured endowments											
. Annuity benefits											
 Surrender values and without 											
Aggregate write-ins for mis											
and benefits paid											
i. Totals	ocident an	a ricaiti									
DETAILS OF WRITE-INS											
)1											
)2											
03											
98. Summary of Line 13 from one of the second of the secon											
above)	, o p.uo	56) (Liii 6									
		Ordinary		Credit Life and Individual)	Groun	`		Industrial		Total
DIRECT DEATH	1	Ordinary 2	3	4	5	Group	6	7	Industrial 8	9	Total 10
BENEFITS AND			No. of								
MATURED ENDOWMENTS			Ind.Pols.								
INCURRED	No.	Amount	& Gr. Certifs.	Amount	No. of Certifs.	Δι	mount	No.	Amount	No.	Amoun
. Unpaid December 31, prior	140.	Airioditi	OCITIIS.	Airiount	OCITIIS.	711	Hount	140.	Amount	140.	Airiouri
year											
Incurred during current year											
Settled during current year:											
18.1 By payment in full											
18.2 By payment on compromised claims											
18.3 Totals paid											
18.4 Reduction by						_		⊥ _			
compromise			\ -		·						
18.5 Amount rejected			\	-	\						
Unpaid Dec. 31, current											
year (16+17-18.6)											
DOLLOV EVUIDIT					. of						
POLICY EXHIBIT In force December 31, prior					Policies						
year				(a)							
Issued during year											
Other changes to in force											
(Net) In force December 31 of										-	-
current year				(a)							
ncludes Individual Credit Life Ir	surance p	rior year \$, curr	ent year \$						
ncludes Group Credit Life Insu		•			•			, c	current year \$		
oans greater than 60 months a	at issue Bl	JT NOT GREATE	ER THAN 12	20 MONTHS, p	rior year \$, c	current year \$		
		^	CCIDEN	NT AND H	FAI TH II	JOILE	SANCE				
		F	1		2 2	1000		3	4		5
							Dividen	ds Paid Or			·
					Direct Premiu	ıms	Credited	d On Direct	t I	1	Direct Losse

Direct Premiums Direct Losses Paid Earned Incurred 24. Group Policies (b)24.1 Federal Employees Health Benefits Plan .111,439,089 .110,366,346 .93,828,525 .78,776,161 Other Individual Policies: 25.1 Non-cancelable (b) 25.2 Guaranteed renewable (b)25.3 Non-renewable for stated reasons only (b) 25.4 Other accident only .. 25.5 All other (b) ..

78,776,161 (b) For health business on indicated lines report: Number of persons insured under PPO managed care products ...0 and number of persons insured under indemnity only products

111,439,089

0

110,366,346

0

0

93,828,525



DIRECT BUSINESS IN THE S NAIC Group Code 4667	STATE OF Hawaii	LI	FE INSURAN	ICE			YEAR 2016 ny Code 12575
DIRECT P	PREMIUMS	1	2 Credit Life (Grou	э 3		4	5
AND ANNUITY C	ONSIDERATIONS	Ordinary	and Individual)	Group		dustrial	Total
Life insurance Annuity considerations							
Deposit-type contract fund	s					.XXX	
4. Other considerations							
5. Totals (Sum of Lines 1 to 4	TO POLICYHOLDERS						
Life insurance:	TO FOLIOTHOLDENS						
6.1 Paid in cash or left on	deposit						
	premiums						
6.3 Applied to provide paid the endowment or pre	n-up additions or snorten mium-paying period						
6.4 Other							
	to 6.4)						
Annuities: 7.1 Paid in cash or left on	deposit						
7.2 Applied to provide paid	d-up annuities						
7.3 Other							
7.4 Totals (sum of Lines 7.8. Grand Totals (Lines 6.5 pl	' ·						
	ND BENEFITS PAID						
9. Death benefits							
10. Matured endowments							
 Annuity benefits Surrender values and with 							
 Surrender values and with Aggregate write-ins for mis 		 					
and benefits paid							
 All other benefits, except a Totals 	iccident and health						
DETAILS OF WRITE-INS							
1301.							
1302.							
1303 1398. Summary of Line 13 from 0	overflow page						
1399. Totals (Lines 1301 thru 13							
above)							
		Credit Life					
DIRECT DEATH	Ordinary 2	(Group and Individ	ual) G	6 7	Industrial 8	9	Total 10
BENEFITS AND		No. of		0 /			10
MATURED ENDOWMENTS		Ind.Pols.	NI6				
INCURRED	No. Amount	& Gr. Certifs. Amour	No. of Certifs.	Amount No.	Amou	ınt No.	Amount
16. Unpaid December 31, prior							
year 17. Incurred during current year							
Settled during current year:							
18.1 By payment in full							
18.2 By payment on compromised claims	,						
18.3 Totals paid							
18.4 Reduction by			. _ -				
compromise 18.5 Amount rejected							
18.6 Total settlements							
19. Unpaid Dec. 31, current							
year (16+17-18.6)			of				
POLICY EXHIBIT	_		Policies				
20. In force December 31, prior year		(a)					
21. Issued during year		` '					
22. Other changes to in force							
(Net)23. In force December 31 of							
current year		(a)					
(a) Includes Individual Credit Life I		, C				•	
Includes Group Credit Life Insu Loans greater than 60 months		•			•		
Louis grouter than oo mentile					-, ourroint your	Ψ	
		ACCIDENT AND	HEALTH INS	SURANCE 3	<u> </u>	4	5
		1	2	Dividends Paid	Or	4	5
		5: .5 .	Direct Premiums				Direct Losses
24. Group Policies (b)		Direct Premiums	Earned	Business	Direct	Losses Paid	Incurred
24.1 Federal Employees Health					·····		
premium (b)							
24.2 Credit (Group and Individu24.3 Collectively renewable poli	*						
24.4 Medicare Title XVIII exemp		7,446,497	6,219,1			3,961,479	3,376,795
Other Individual Policies:		, ,	,2,2,3			,,	
25.1 Non-cancelable (b)							
25.2 Guaranteed renewable (b)25.3 Non-renewable for stated in							
25.4 Other accident only							
25.5 All other (b)							
25.6 Totals (sum of Lines 25.1	to 25.5)	0		0	0	0	0
26. Totals (Lines 24 + 24.1 + 2		7,446,497	6,219,1		0	3,961,479	3,376,795
(b) For health business on indic							

LS206.HI

insured under indemnity only products



		MENT FOR	THE YI	EAR 2016	6 OF	THE	Silve	5 7 5 rScript I	nsuranc			
DIRECT BUSINESS IN THE S NAIC Group Code 4667	STATE O	F Idaho			FE IN	ISUR/	ANCE			_		YEAR 2016 ny Code 12575
DIRECT P AND ANNUITY C				1 inary		2 it Life (Gı I Individu			3 oup	4 Industria	al	5 Total
Life insurance Annuity considerations												
 Deposit-type contract funds Other considerations 						XXX				XXX.		
5. Totals (Sum of Lines 1 to 4 DIRECT DIVIDENDS Life insurance: 6.1 Paid in cash or left on 6 6.2 Applied to pay renewal 6.3 Applied to provide paid the endowment or pref 6.4 Other 6.5 Totals (sum of Line 6.1 Annuities:	deposit premiums -up additio mium-payir	ns or shorten										
7.1 Paid in cash or left on a 7.2 Applied to provide paid		F								1		
7.3 Other 7.4 Totals (sum of Lines 7.			\ -									
8. Grand Totals (Lines 6.5 plu	ıs 7.4)	ľ										
 Death benefits Matured endowments Annuity benefits Surrender values and with Aggregate write-ins for mis and benefits paid 	drawals for	life contracts										
14. All other benefits, except a15. Totals												
DETAILS OF WRITE-INS 1301.												
1302. 1303.												
1398. Summary of Line 13 from of 1399. Totals (Lines 1301 thru 130 above)		•										
,		Ordinary		Credit Life	ual)		Group		In	dustrial		Total
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1	2	3 4 No. of Ind.Pols. & Gr. Certifs. Amount			5 No. of		6	7	8 Amount	9	10
16. Unpaid December 31, prior year	No.	Amount	Certiis.	Amoun	il '	Certifs.	Al	mount	No.	Amount	No.	Amount
17. Incurred during current year Settled during current year: 18.1 By payment in full 18.2 By payment on compromised claims. 18.3 Totals paid 18.4 Reduction by compromise 18.5 Amount rejected 18.6 Total settlements 19. Unpaid Dec. 31, current year (16+17-18.6)												
POLICY EXHIBIT 20. In force December 31, prior year				(a)	1	of Policies						
21. Issued during year22. Other changes to in force												
(Net)23. In force December 31 of current year				(a)								
(a) Includes Individual Credit Life In Includes Group Credit Life Insu Loans greater than 60 months	rance Loar	ns less than or eq JT NOT GREATE	ual to 60 m	, cu nonths at issu	ie, prior , prior y	year \$ ear \$, cui			
24. Group Policies (b)				1 remiums		2 ct Premiu Earned	ıms	Dividend Credited	3 Is Paid Or On Direct iness	4 Direct Losses	s Paid	5 Direct Losses Incurred
24.1 Federal Employees Health premium (b)	Benefits P	lan										
 24.2 Credit (Group and Individu 24.3 Collectively renewable poli 24.4 Medicare Title XVIII exemp Other Individual Policies: 25.1 Non-cancelable (b) 25.2 Guaranteed renewable (b) 25.3 Non-renewable for stated r 25.4 Other accident only 	cies (b) ot from state	e taxes or fees		13,802,378		14,20				10,8		9,134,497
25.5 All other (b)												
25.6 Totals (sum of Lines 25.1 t26. Totals (Lines 24 + 24.1 + 2	24.2 + 24.3	+ 24.4 + 25.6)		13,802,378		14,20	1, 186		0 0		391,314	9,134,497



DIRECT BUSINESS IN THE NAIC Group Code 4667	STATE C	F Illinois		LI	FE II	NSURA	ANCE	.			YEAR 2016 by Code 12575	
·	PREMIUMS			1		2 dit Life (G			3	4	Compan	5
AND ANNUITY C	ONSIDER	ATIONS	Ordi	nary		nd Individu		Gr	oup	Industria	al	Total
Life insurance												
Annuity considerations Deposit-type contract fund						XXX				XXX		
Other considerations												
5. Totals (Sum of Lines 1 to	4)											
DIRECT DIVIDENDS	TO POLIC	YHOLDERS										
Life insurance: 6.1 Paid in cash or left on	denosit											
6.2 Applied to pay renewa	l premiums	· · · · · · · · · · · · · · · · · · ·										
6.3 Applied to provide paid	d-up additio	ons or shorten										
the endowment or pre 6.4 Other	mium-payi	ng period										
6.5 Totals (sum of Line 6.												
Annuities:												
7.1 Paid in cash or left on	•	F										
7.2 Applied to provide paid												
7.3 Other 7.4 Totals (sum of Lines 7			\									
8. Grand Totals (Lines 6.5 pl	,											
DIRECT CLAIMS A	ND BENE	FITS PAID	71				7					
9. Death benefits					J		.					
Matured endowments Annuity benefits		r										
Annuity benefits Surrender values and with		r										
13. Aggregate write-ins for mis	scellaneou	s direct claims								T	<u> </u>	
14. All other benefits, except a15. Totals	accident an	и пеакп										
DETAILS OF WRITE-INS										1		
1301.												
1302.												
1303 1398. Summary of Line 13 from	overflow n											
1399. Totals (Lines 1301 thru 13		•										
above)		, (
			(Credit Life								
DUDGOT DE ATU		Ordinary		and Individ	ual)		Group			ndustrial		Total
DIRECT DEATH BENEFITS AND	1	2	3 No. of	4		5		6	7	8	9	10
MATURED			Ind.Pols.									
ENDOWMENTS INCURRED	No.	Amount	& Gr. Certifs.	Amour	.+	No. of	_	mount	No.	Amount	No.	Amount
16. Unpaid December 31, prior	INO.	Amount	Certiis.	AIIIOUI	IL	Certifs.	A	mount	INO.	Amount	INO.	Amount
year												
17. Incurred during current year Settled during current year:									+			
18.1 By payment in full												
18.2 By payment on												
compromised claims 18.3 Totals paid												
18.4 Reduction by	·					†			+			
compromise												
18.5 Amount rejected			.		-	-			<u> </u>			
19. Unpaid Dec. 31, current	· t						7 -					
year (16+17-18.6)												
POLICY EXHIBIT						of Policies						
20. In force December 31, prior						1 Olloles						
year				(a)			L		 			
21. Issued during year 22. Other changes to in force									+			
(Net)	ļ					_			<u> </u>			
23. In force December 31 of current year				(a)								
(a) Includes Individual Credit Life I	nsurance p	prior vear \$, C	urrent	vear \$						
Includes Group Credit Life Insu										urrent year \$		
Loans greater than 60 months	at issue Bl	JT NOT GREATE	R THAN 1	20 MONTHS	6, prior	year \$, Cl	urrent year \$		
		A	CCIDE	NT AND	HEA	LTH I	NSUF	RANCE				
		Ī		1		2			3	4		5
					Dir	ect Premiu	ıms		ds Paid Or On Direct			Direct Losses
			Direct P	remiums	יווט	Earned			iness	Direct Losses	s Paid	Incurred
24. Group Policies (b)										-		
24.1 Federal Employees Health												
premium (b)								·		_ [·	
24.3 Collectively renewable pol	licies (b)											
24.4 Medicare Title XVIII exem				98,648,024		100,23	37,603			79,0	050,839	66,315,514
Other Individual Policies:												
25.1 Non-cancelable (b)		i i								-		
25.3 Non-renewable for stated								·		_ [
25.4 Other accident only										-		
25.5 All other (b)												
25.6 Totals (sum of Lines 25.1	to 25.5)			0					(0	0
26. Totals (Lines 24 + 24.1 + 2				98,648,024	y DDO		37,603	rodusts		- /	050,839	66,315,514
(b) For health business on indi		•	or persons i	nsured unde	er PPO	managed	care p	roaucts		U and	a number (or persons

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insured under indemnity only products



		MENT FOR	THE YI	EAR 2016	6 OF 7	 	Silve	5 7 5 rScript I	nsuranc			
DIRECT BUSINESS IN THE S NAIC Group Code 4667	STATE O	F Indiana			FE IN		NCE			_		YEAR 2016 ny Code 12575
DIRECT P AND ANNUITY C				1 inary		2 Life (Gr Individu			3 oup	4 Industria	nl	5 Total
Life insurance Annuity considerations												
 Deposit-type contract funds Other considerations 						XXX				XXX.		
5. Totals (Sum of Lines 1 to 4 DIRECT DIVIDENDS Life insurance: 6.1 Paid in cash or left on 6 6.2 Applied to pay renewal 6.3 Applied to provide paid the endowment or prei 6.4 Other 6.5 Totals (sum of Line 6.1 Annuities:	deposit premiums -up additio mium-payir to 6.4)	ns or shorten										
7.1 Paid in cash or left on o7.2 Applied to provide paid	-up annuiti	es			<u></u>			·				
7.3 Other 7.4 Totals (sum of Lines 7.	1 to 7.3)											
8. Grand Totals (Lines 6.5 plu DIRECT CLAIMS A	ND BENER		$oldsymbol{\mathcal{H}}$		H	$oldsymbol{H}$						
 Death benefits Matured endowments Annuity benefits Surrender values and with Aggregate write-ins for mis and benefits paid All other benefits, except a Totals 	drawals for cellaneous	life contracts										
DETAILS OF WRITE-INS												
1302.												
1398. Summary of Line 13 from of 1399. Totals (Lines 1301 thru 130 above)		•										
,		Ordinary		Credit Life	ıal)		Group		In	dustrial		Total
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 No.	2 Amount	3 4 No. of Ind.Pols. & Gr. Certifs. Amount		1	5 No. of Certifs.		6 mount	7 No.	8 Amount	9 No.	10
16. Unpaid December 31, prior year		Amount	OCITII3.	71110011		ortilo.			140.	7 tillouit	140.	Amount
Incurred during current year Settled during current year: 18.1 By payment in full 18.2 By payment on compromised claims 18.3 Totals paid 18.4 Reduction by												
POLICY EXHIBIT 20. In force December 31, prior year				(a)	P	olicies						
04 1 1 1												
(Net)23. In force December 31 of												
current year a) Includes Individual Credit Life Ir Includes Group Credit Life Insu Loans greater than 60 months	rance Loar	ns less than or eq JT NOT GREATE	ual to 60 m	onths at issu	ie, prior y , prior ye	/ear \$ ear \$, cui			
24. Group Policies (b)				1 remiums		2 Premiu arned	ıms	Dividend Credited	3 Is Paid Or On Direct iness	4 Direct Losses	s Paid	5 Direct Losses Incurred
24.1 Federal Employees Health premium (b)	Benefits P	lan										
 24.2 Credit (Group and Individu 24.3 Collectively renewable poli 24.4 Medicare Title XVIII exempother Individual Policies: 25.1 Non-cancelable (b) 25.2 Guaranteed renewable (b) 25.3 Non-renewable for stated r 25.4 Other accident only 	al)ot from stat	e taxes or fees		68,113,632		67,05	7,014			61,1		51,356,867
25.5 All other (b)									0			0
26. Totals (Lines 24 + 24.1 + 2				68,113,632 nsured unde			7,014		0			51,356,867

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insured under indemnity only products



S	UPPLE	MENT FOR	THE Y	EAR 201	6 OF	THE	Silve	5 7 5 rScript I	nsuranc	ce Company	 	
DIRECT BUSINESS IN THE S NAIC Group Code 4667	STATE O	F Iowa				ISUR/				DURI	NG THE	YEAR 2016 ny Code 12575
DIRECT P AND ANNUITY C	ONSIDERA	ATIONS		1 linary		2 it Life (G d Individu			3 oup	4 Industria	al	5 Total
Life insurance Annuity considerations												
Deposit-type contract funds Other considerations Totals (Sum of Lines 1 to 4)						XXX				XXX.		
DIRECT DIVIDENDS Life insurance: 6.1 Paid in cash or left on 6.2 Applied to pay renewal 6.3 Applied to provide paid the endowment or pref 6.4 Other 6.5 Totals (sum of Line 6.1 Annuities: 7.1 Paid in cash or left on 6.7.2 Applied to provide paid	deposit premiums l-up additio mium-payir to 6.4)	ns or shorten Ig period										
7.3 Other	1 to 7.3) us 7.4) ND BENEF	life contracts	V			N						
15. Totals DETAILS OF WRITE-INS 1301. 1302. 1303.												
1398. Summary of Line 13 from of 1399. Totals (Lines 1301 thru 130 above)	•	•										
		Ordinary	(Grou	Credit Life p and Individ	ual)		Group			ndustrial		Total
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 No.	2 Amount	3 4 No. of Ind.Pols. & Gr. Certifs. Amo		No. of Certifs. A		Aı	6 mount	7 No.	8 Amount	9 No.	10 Amount
16. Unpaid December 31, prior year 17. Incurred during current year: 18.1 By payment in full												
19. Unpaid Dec. 31, current year (16+17-18.6) POLICY EXHIBIT			V			. of Policies						
20. In force December 31, prior year21. Issued during year22. Other changes to in force				.(a)								
(Net)				(a)								
a) Includes Individual Credit Life In Includes Group Credit Life Insu Loans greater than 60 months and the Includes Group Credit Life Insu Loans greater than 60 months and Includes Includ	rance Loar	ns less than or eq JT NOT GREATE	ual to 60 n R THAN 1	nonths at issu	ue, prior S, prior y	year \$ ear \$		RANCE	, cu , cu	rrent year \$		
24 Group Policies (h)				1 Premiums	Dire	2 ct Premiu Earned	ums	Dividend Credited	3 s Paid Or On Direct iness	4 Direct Losse	s Paid	5 Direct Losses Incurred
 24. Group Policies (b) 24.1 Federal Employees Health premium (b) 24.2 Credit (Group and Individu 24.3 Collectively renewable poli 24.4 Medicare Title XVIII exemp Other Individual Policies: 25.1 Non-cancelable (b) 25.2 Guaranteed renewable (b) 25.3 Non-renewable for stated renewable for stated renewable 	al)cies (b)t from state	e taxes or fees		.44,801,333		44,36				35,0	988,806	30,139,40
 25.4 Other accident only	to 25.5) 24.2 + 24.3	+ 24.4 + 25.6)		0			0		0	35,9	0 0 0	30,139,40



	q	I IPPI F	MENT FOR	THE V	FAR 201	s ∩F	THE	Silve		nsurano			
	CT BUSINESS IN THE				LĮ		NSUR		.		DURI NAIC	NG THE	YEAR 2016 ny Code 12575
	_	REMIUMS			1		2 dit Life (G			3	4		5
1.	AND ANNUITY C			Ord	inary	an	d Individu	al)	Gro	oup	Industria	al	Total
2. 3.	Annuity considerations Deposit-type contract fund						XXX				XXX		
4.	Other considerations												
5.	Totals (Sum of Lines 1 to 4	,	YHOLDERS										
	Life insurance:												
	6.1 Paid in cash or left on6.2 Applied to pay renewal												
	6.3 Applied to provide paid	l-up additio	ns or shorten										
	the endowment or pre 6.4 Other												
	6.5 Totals (sum of Line 6.1												
	Annuities: 7.1 Paid in cash or left on	deposit											
	7.2 Applied to provide paid 7.3 Other										1		
	7.4 Totals (sum of Lines 7.			\									
8.	Grand Totals (Lines 6.5 pl		TTO DAID	1			17	\downarrow					
9.	DIRECT CLAIMS A Death benefits		_	W				u					
10.	Matured endowments												
	Annuity benefits Surrender values and with												
	Aggregate write-ins for mis and benefits paid	scellaneous	direct claims										
14.	All other benefits, except a												
15.	Totals DETAILS OF WRITE-INS												
1301.													
1302.													
1398.	Summary of Line 13 from	overflow pa	ıge										
1399.	Totals (Lines 1301 thru 13 above)	03 plus 139	98) (Line 13										
					Credit Life								
	DIRECT DEATH	1	Ordinary 2	(Grou	p and Individ	ual)	5	Group	<u>6</u>	In	dustrial 8	9	Total 10
	BENEFITS AND	•	_	No. of	_		3		Ü	,	O		10
	MATURED ENDOWMENTS			Ind.Pols. & Gr.			No. of						
16 II	npaid December 31, prior	No.	Amount	Certifs.	Amour	nt	Certifs.	Α	mount	No.	Amount	No.	Amount
	/ear												
	curred during current year ettled during current year:												
	8.1 By payment in full 8.2 By payment on												
	compromised claims												
	8.3 Totals paid 8.4 Reduction by												
	compromise		-	\			-						
	8.5 Amount rejected 8.6 Total settlements						7.7						
	npaid Dec. 31, current year (16+17-18.6)			M									
							. of						
20. lr	POLICY EXHIBIT force December 31, prior						Policies						
	yearsued during year		<u> </u>		.(a)		<u> </u>			 			
22. C	ther changes to in force												
	(Net) of force December 31 of		L		 					tt			
	current year udes Individual Credit Life I	nsurance n	rior year \$		(a)	urrent	vear \$						
Incl	udes Group Credit Life Insu	rance Loar	ns less than or ec	jual to 60 n	nonths at issu	ue, prio	r year \$, cui	•		
Loa	ns greater than 60 months	at issue BL				•				, cui	rent year \$		
					NT AND	HEA	LTH II	NSUF		3	4		5
					'	6			Dividend	s Paid Or	4		
				Direct F	remiums	Dire	ect Premiu Earned	ums		On Direct ness	Direct Losse	s Paid	Direct Losses Incurred
24.	Group Policies (b)								L				
	Federal Employees Health premium (b)												
	Credit (Group and Individu Collectively renewable pol	al)							l		ļ		
	Medicare Title XVIII exemp				37,646,308		37,77	78,455			33,(062,274	27,773,910
24.4	Other Individual Policies:												
	Non-cancelable (b)					L					L		
25.1 25.2	Non-cancelable (b)Guaranteed renewable (b)												
25.1 25.2 25.3	Guaranteed renewable (b) Non-renewable for stated	reasons on	ly (b)										
25.1 25.2 25.3 25.4 25.5	Guaranteed renewable (b) Non-renewable for stated Other accident only	reasons on	ly (b)										
25.1 25.2 25.3 25.4 25.5 25.6	Guaranteed renewable (b) Non-renewable for stated Other accident only	reasons on to 25.5)	ly (b)		0			0		0			
25.1 25.2 25.3 25.4 25.5 25.6 26.	Guaranteed renewable (b) Non-renewable for stated Other accident only	reasons on to 25.5)	ly (b) + 24.4 + 25.6)		0		37,77	0 78,455		0	33,0	062,274	27,773,910

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DIRECT BUSINESS IN THE NAIC Group Code 4667	STATE OI	F Kentucky			FE IN	NSUR/	ANCE			NAIC		YEAR 2016 / Code 12575
DIRECT F	REMIUMS		•	1	Cred	2 lit Life (G	roup	;	3	4		5
AND ANNUITY C	ONSIDERA	ATIONS	Ordi	inary		d Individu		Gr	oup	Industria	ıl	Total
Life insurance												
Annuity considerations Deposit-type contract fund						XXX				XXX		
Other considerations												
5. Totals (Sum of Lines 1 to												
DIRECT DIVIDENDS	TO POLICY	/HOLDERS										
Life insurance:												
6.1 Paid in cash or left on 6.2 Applied to pay renewa	deposit											
6.3 Applied to pay renewa												
the endowment or pre	mium-payin	g period										
6.4 Other												
6.5 Totals (sum of Line 6.1	to 6.4)											
Annuities: 7.1 Paid in cash or left on	denocit											
7.1 Applied to provide paid												
7.3 Other												
7.4 Totals (sum of Lines 7												
8. Grand Totals (Lines 6.5 pl												
DIRECT CLAIMS A		_	W									
9. Death benefits					J	·`	.					
Matured endowments Annuity benefits												
12. Surrender values and with												
Aggregate write-ins for mis										1	····-t	
and benefits paid												
14. All other benefits, except a	ccident and	t health										
15. Totals DETAILS OF WRITE-INS												
1301												
1302.												
1303.												
1398. Summary of Line 13 from												
1399. Totals (Lines 1301 thru 13	03 plus 139	8) (Line 13										
above)												
		- ··		Credit Life			_					-
DIRECT DEATH	1	Ordinary 2	(Group	and Individ	ual)	5	Group	6 6	7	ndustrial 8	9	Total 10
BENEFITS AND	'	2	No. of	4		5		0	,	0	9	10
MATURED			Ind.Pols.									
ENDOWMENTS			& Gr.			No. of						
INCURRED 16. Unpaid December 31, prior	No.	Amount	Certifs.	Amour	าเ	Certifs.	А	mount	No.	Amount	No.	Amount
year												
17. Incurred during current year												
Settled during current year:												
18.1 By payment in full												
18.2 By payment on compromised claims												
18.3 Totals paid												
18.4 Reduction by		_	_			_	_					
compromise			\ 									
18.5 Amount rejected 18.6 Total settlements												
19. Unpaid Dec. 31, current			\mathbf{X}				7					
year (16+17-18.6)			7									
BOLIOV EVITOR						of				_		
POLICY EXHIBIT 20. In force December 31, prior					-	Policies						
year				(a)			 					
21. Issued during year							ļ					
22. Other changes to in force												
(Net)23. In force December 31 of											†	
current year				(a)								
(a) Includes Individual Credit Life I												
Includes Group Credit Life Insu Loans greater than 60 months			•									
Louis greater than ou months	at 10000 DU					•			, CI	γοαι φ		
				NT AND	HEA		NSUF			_		
				1		2			3 s Paid Or	4		5
					Dire	ct Premiu	ums		On Direct	1		Direct Losses
						Earned			ness	Direct Losses	Paid	Incurred
	_		Direct P	remiums	1			I		. L		
24. Group Policies (b)				remiums								
24.1 Federal Employees Health	Benefits P	lan										
	Benefits P	lan 								-		
Federal Employees Health premium (b)	Benefits P al)icies (b)	lan 										
Federal Employees Health premium (b)	Benefits P al)icies (b)	lan 										44,347,436
24.1 Federal Employees Health premium (b)	n Benefits P icies (b) ot from state	e taxes or fees		60,309,998						-		
24.1 Federal Employees Health premium (b) 24.2 Credit (Group and Individu. 24.3 Collectively renewable pol 24.4 Medicare Title XVIII exempother Individual Policies: 25.1 Non-cancelable (b)	n Benefits P ial) icies (b) ot from state	e taxes or fees		60,309,998		59,67	75,512			-		
24.1 Federal Employees Health premium (b) 24.2 Credit (Group and Individu.) 24.3 Collectively renewable pol 24.4 Medicare Title XVIII exempother Individual Policies: 25.1 Non-cancelable (b) 25.2 Guaranteed renewable (b)	al)icies (b)	e taxes or fees		60,309,998		59,67	75,512			-		
24.1 Federal Employees Health premium (b)	al)icies (b)ot from state	e taxes or fees		60,309,998		59,67	75,512			-		
24.1 Federal Employees Health premium (b) 24.2 Credit (Group and Individu.) 24.3 Collectively renewable pol 24.4 Medicare Title XVIII exempother Individual Policies: 25.1 Non-cancelable (b) 25.2 Guaranteed renewable (b) 25.3 Non-renewable for stated 25.4 Other accident only	n Benefits P	e taxes or fees		60,309,998		59,67	75,512			-		
24.1 Federal Employees Health premium (b) 24.2 Credit (Group and Individu.) 24.3 Collectively renewable pol 24.4 Medicare Title XVIII exempother Individual Policies: 25.1 Non-cancelable (b) 25.2 Guaranteed renewable (b) 25.3 Non-renewable for stated 25.4 Other accident only	n Benefits P	e taxes or fees		60,309,998		59,67	75,512				14,244	
24.1 Federal Employees Health premium (b) 24.2 Credit (Group and Individu.) 24.3 Collectively renewable pol 24.4 Medicare Title XVIII exempother Individual Policies: 25.1 Non-cancelable (b) 25.2 Guaranteed renewable (b) 25.3 Non-renewable for stated 25.4 Other accident only	n Benefits P al) icies (b) ot from state reasons onl	e taxes or fees		60,309,998		59,67	75,512				14,244	

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	CT BUSINESS IN THE Group Code 4667	STATE O	F Louisiana		LI	FE IN	NSUR <i>A</i>	ANCE	E		_		YEAR 2016 Code 12575
	1	REMIUMS	;	•			2 dit Life (Gr			3	4		5
	AND ANNUITY C			Ordi	nary	and	d Individu	al)	Gr	oup	Industria	I	Total
1. 2.	Life insurance										-		
2. 3.	Annuity considerations Deposit-type contract fund						XXX				XXX		
4.	Other considerations												
5.	Totals (Sum of Lines 1 to 4												
	DIRECT DIVIDENDS	TO POLIC	YHOLDERS										
	Life insurance:												
	6.1 Paid in cash or left on	deposit									-		
	6.2 Applied to pay renewal6.3 Applied to provide paid										-		
	the endowment or pre												
	6.4 Other												
	6.5 Totals (sum of Line 6.1	to 6.4)											
	Annuities: 7.1 Paid in cash or left on	donocit											
	7.2 Applied to provide paid										+		
	7.3 Other												
	7.4 Totals (sum of Lines 7	.1 to 7.3)											
8.	Grand Totals (Lines 6.5 pl												
	DIRECT CLAIMS A			W									
9.	Death benefits					g					-		
10. 11.	Matured endowments Annuity benefits						. 				-		
	Surrender values and with										-		
	Aggregate write-ins for mis								·		†		
	and benefits paid												
	All other benefits, except a	ccident and	d health										
15.	Totals												
1201	DETAILS OF WRITE-INS												
											-†		
1303.											· 		
	Summary of Line 13 from												
1399.	Totals (Lines 1301 thru 13	03 plus 139	98) (Line 13										
	above)												
					Credit Life			_					
	DIRECT DEATH	1	Ordinary 2	(Group	and Individ	ual)	5	Group	6 6	7 Ir	ndustrial 8	9	Total 10
	BENEFITS AND	ı	2	No. of	4		3		O	'	0	3	10
	MATURED			Ind.Pols.									
	ENDOWMENTS INCURRED	NI-	A	& Gr.	A		No. of			NI-	A	NI-	A
16 I	Inpaid December 31, prior	No.	Amount	Certifs.	Amour	nt	Certifs.	A	mount	No.	Amount	No.	Amount
	year												
	ncurred during current year									ļ			
	Settled during current year:												
	8.1 By payment in full												
11	8.2 By payment on compromised claims												
1	8.3 Totals paid												
1	8.4 Reduction by		_	_			_	_					
	compromise	,		\									
	8.5 Amount rejected 8.6 Total settlements			\		1	1			_			
	Inpaid Dec. 31, current							7					
	year (16+17-18.6)												
	DOLIGY TW:						of						
20 1	POLICY EXHIBIT n force December 31, prior					F	Policies						
	year				(a)					<u> </u>			
21. Is	ssued during year					I				ļ			
	Other changes to in force												
	(Net) n force December 31 of									 		-	
	current year				(a)								
. ,	udes Individual Credit Life I		•		, c		•						
	ludes Group Credit Life Insu												
Loa	ans greater than 60 months	at issue bu	JI NOI GREATE	ER THAN I	20 MONTHS	s, prior y	year \$, cu	rrent year \$		
				CCIDE	NT AND	HEA	LTH IN	ISUF					
-					1		2			3 do Doid Or	4	T	5
						Dire	ect Premiu	ıms		ds Paid Or On Direct	1		Direct Losses
						20					1 5:	B	
24.				Direct P	remiums		Earned		Bus	iness	Direct Losses	Paid	Incurred
				Direct P	remiums		Earned		Bus	iness	Direct Losses	Paid	Incurred
	Federal Employees Health			Direct P	remiums		Earned		Bus	iness	Direct Losses	Paid	Incurred
24.1	Federal Employees Health premium (b)						Earned		Bus	iness	Direct Losses	Paid	Incurred
24.1 24.2	Federal Employees Health premium (b)	al)					Earned		Bus	iness	Direct Losses		Incurred
24.1 24.2 24.3	Federal Employees Health premium (b)	al) icies (b)					65,91	7,099	Bus	iness			
24.1 24.2 24.3 24.4	Federal Employees Health premium (b)	al) icies (b) ot from stat	e taxes or fees					7,099	Bus	iness	Direct Losses		
24.1 24.2 24.3 24.4 25.1	Federal Employees Health premium (b)	al) icies (b) ot from stat	e taxes or fees		63,515,216			7,099	Bus	iness			
24.1 24.2 24.3 24.4 25.1 25.2	Federal Employees Health premium (b)	al) icies (b) t from stat	e taxes or fees		63,515,216			7,099	Bus	iness			
24.1 24.2 24.3 24.4 25.1 25.2 25.3	Federal Employees Health premium (b)	al)icies (b) tot from state	e taxes or fees		63,515,216			7,099	Bus	iness			
24.1 24.2 24.3 24.4 25.1 25.2 25.3 25.4	Federal Employees Health premium (b)	al)icies (b)t from state	e taxes or fees	(63,515,216			7,099	Bus	iness			
24.1 24.2 24.3 24.4 25.1 25.2 25.3 25.4 25.5	Federal Employees Health premium (b)	al)ot from state	e taxes or fees		63,515,216		65,91				60,6	89,055	50,745,564
24.1 24.2 24.3 24.4 25.1 25.2 25.3 25.4 25.5 25.6	Federal Employees Health premium (b)	al)ot from statements on the control of the c	e taxes or fees		63,515,216		65,91				60,6	89,055	

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	CT BUSINESS IN THE Group Code 4667	STATE O	F Maine		Ц	FE II	NSUR	ANCE	=				YEAR 2016 y Code 12575
17.110	•	DEMILIMO		-	1		2			3	4	, compan	5
	AND ANNUITY C	PREMIUMS CONSIDER		Ordi	inary		dit Life (G nd Individu		Gı	roup	Industri	al	Total
1.	Life insurance												
2. 3.	Annuity considerations Deposit-type contract fund						XXX						
4.	Other considerations												
5.	Totals (Sum of Lines 1 to	4)											
	DIRECT DIVIDENDS	TO POLIC	YHOLDERS										
	Life insurance: 6.1 Paid in cash or left on	denocit											
	6.2 Applied to pay renewa	l premiums	;										
	6.3 Applied to provide paid	d-up additio	ons or shorten										
	the endowment or pre 6.4 Other	emium-payir	ng period										
	6.5 Totals (sum of Line 6.1												
	Annuities:	,											
	7.1 Paid in cash or left on	•											
	7.2 Applied to provide paid 7.3 Other												
	7.4 Totals (sum of Lines 7												
8.	Grand Totals (Lines 6.5 pl												
	DIRECT CLAIMS A			W		J							
9. 10.	Death benefits Matured endowments					-							
11.													
12.			i i	<u> </u>									
13.	Aggregate write-ins for mis and benefits paid			l									
14.	All other benefits, except a										1		
15.	Totals												
1201	DETAILS OF WRITE-INS			l									
1303.				<u></u>									
1398.	Summary of Line 13 from	overflow pa	age										
1399.	Totals (Lines 1301 thru 13 above)	303 plus 139	98) (Line 13										
	400107				0 11111		I		I				
			Ordinary		Credit Life o and Individ	ual)		Group	0		ndustrial		Total
	DIRECT DEATH	1	2	3	4		5		6	7	8	9	10
	BENEFITS AND MATURED			No. of Ind.Pols.									
	ENDOWMENTS			& Gr.			No. of						
16 I	INCURRED Unpaid December 31, prior	No.	Amount	Certifs.	Amour	nt	Certifs.	Α	mount	No.	Amount	No.	Amount
	year												
	ncurred during current year						ļ						
	Settled during current year: 8.1 By payment in full												
	8.2 By payment on												
	compromised claims												
	8.3 Totals paid												
	compromise												
	8.5 Amount rejected			A									
	8.6 Total settlements Inpaid Dec. 31, current			-									
	year (16+17-18.6)						\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \						
	POLICY EXHIBIT						of Policies						
20. Ir	n force December 31, prior						i oncies	ĺ					
	year				(a)			 		+			
	ssued during year Other changes to in force						+						
	(Net)	ļ					4	ļ		4			
	n force December 31 of current year				(a)								
	ludes Individual Credit Life I	Insurance p	prior year \$		<u>,(a) </u>	urrent	year \$						
Incl	ludes Group Credit Life Insu	urance Loar	ns less than or eq	qual to 60 m	nonths at issu	ue, prio	or year \$, Cl	urrent year \$		
Loa	ans greater than 60 months	at issue Bl	JT NOT GREATE	ER THAN 1	20 MONTHS	S, prior	year \$, Cl	urrent year \$.		
			A	CCIDE	NT AND	HEA	ALTH II	NSUF	RANCE				
					1		2			3	4		5
						Dire	ect Premi	ums		ds Paid Or I On Direct			Direct Losses
				Direct P	remiums		Earned			siness	Direct Losse	es Paid	Incurred
24.					T	<u></u>			ļ		-		
24.1	Federal Employees Health premium (b)												
	Credit (Group and Individu	ual)											
	Collectively renewable pol				0.004.000			74 040					0 =00 c:=
24.4	Medicare Title XVIII exempother Individual Policies:	pt trom stat	e taxes or tees		6,284,623		5,87	/1,313	 		4,	520, 167	3,798,217
25.1	Non-cancelable (b)												
25.2	Guaranteed renewable (b))									-		
05.0	Non-renewable for stated								ļ		-		
	0.1								Î.			L	
25.4	Other accident only												
25.4 25.5	All other (b)									······	.	n	n
25.4 25.5	All other (b)	to 25.5)								(0 520,167	3,798,217

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insured under indemnity only products



DIRECT PREMIUMS AND ANNUTY CONSIDERATIONS Ordinary AND ANNUTY CONSIDERATIONS Ordinary and individual) Juliary Consideration Direct Con	DIRECT BUSINESS IN THE S NAIC Group Code 4667	STATE O	F Maryland		11	FF I	NSUR	ΔNCF	F				YEAR 2016 Code 12575
AND AMPOUT CONSERRATIONS 1. Delinary and backdoals 2. Depart type control funds 3. Depart type control funds 4. Depart type processing processing 5. Tools (Spirrol Fune 1990) 5. Tools (Spirrol Fune 1990) 6. Tools (Spirrol Fune 1990) 6. Tools (Spirrol Fune 1990) 6. Depart type processing processing 6. Pearl on sealer of left on separal 6. A pearl of type processing processing 7. Pearl on sealer of left on separal 6. A pearl of type processing processing 7. Pearl on sealer of left on separal 8. Description of left on separal 9. Description of	·	DEMILIMO	,				2			3	4	Company	
2. According considerations 5. Descripting considerations 5. Totals (Sam of Lines 1 to 4) 7. A Sample of provise paid of particular states of the contract of				Ordi	nary				Gr	oup	Industria	ı	Total
3. Depoch type content hands. 5. Other consideration and selection of the content of the conten													
4. Other considerations. 7. Totals (Cam of the first price) 8. Pagella Sea or the first ordered in the contract. 8. Pagella Sea or the first ordered in the contract. 9. Totals (Cam of the first price) 8. Totals (Cam of the first price) 9. Total (Cam of th	1						VVV						
5. Total Sparr of United 19 41. DRIECT DURINGS TO POLICYHOLDERS 6.1 Parkin cache or left on deposal 6.2 Applied to grenoide parking parking 6.3 Applied to grenoide parking parking 6.4 Other 6.5 Totals (sparr of Line 2 1 to 5.4) Amusican 7.2 Applied to grenoide parking parking 6.4 Other 7.2 Applied to grenoide parking parking 7.3 Applied to grenoide parking parking 7.4 Other 7.4 Totals (sparr of Line 2 1 to 5.4) Amusican 7.4 Line Sparring of Line 1 to 4.4) DIRECT CLAMIS AND BENEFITS PAD 9. Death brandts 1. Amusy benefits 2. Amusy benefits													
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6. 1 Paris in cash or left on deposed 2. A popind to previous parish par		LO BOLIC	YHOLDERS										
6.3 Applied to paye veneral provisitions or shorten 6.3 Applied to provide paid up additions or shorten 6.4 Order 6.4 Order 6.5 Totals (Burn of the 6 10 6 4) 6.4 Order 7.2 Applied to provide paid up additions or shorten 6.5 Totals (Burn of the 6 10 6 4) 7.4 Annual sections 7.2 Applied to growth paid up additions 7.3 Order 7.4 Totals (Burn of the 7 10 7 3) 7.4 Total (Burn of the 7 10 7 3) 7.4 Totals (Burn of the		lenosit											
6. 3. Applied to provive paids up addition or shorten the endocronal or persum painty parent of the 6. 10 fields (sure of line 6.1 to 4.0). Annualists. 7. If yell in cash of the on deposit 7. If yell in cash of the on deposit 7. If yell in cash of the on deposit 7. If yell in cash of the on deposit 7. If yell in cash of the on deposit 7. If yell in cash of the on deposit 7. If yell in cash of the on deposit 7. If yell in cash of the on deposit 7. If yell in cash of the on deposit 7. A fide (sure of time 5, pise 7.4) 8. If yell in cash of the on deposit 8. If yell in cash of the on deposit 8. If yell in cash of the one o	6.2 Applied to pay renewal	premiums											
6.4 Chier 4.5 Tries (sum of time 6.1 to 6.4) 4.5 Tries (sum of time 6.1 to 6.4) 7.1 Fad in cash of let on deposit 7.2 A point of supposite pack-p annutate 7.3 Chort	6.3 Applied to provide paid-	-up additio	ns or shorten										
6.5 Totals (sum of Line 5 to 5.6) Annulling Annulling 7.2 Apolied to provide parkeys annulline 7.3 Other 7.4 Totals (sum of Line 7 to 7.3) 8. Chard Trains (sum of Line 7 to 7.3) 9. Chard Trains (sum of Line 7 to 7	the endowment or pren	mium-payir	ng period										
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7. 2 Applied to provide pack by amultise. 7. 3 Other 7. 4 Otals issumed Unines 7. 10 7.3) 9. Death benefits. 9. Death benefits. 9. Survivoire values and withdrawals for life contracts. 9. Survivoire values and withdrawals. 9. Survivoire values. 9. Survivoi	Annuities:	,											
7.3 Clines (2) clines 2.7 to 7.2) 8. Great Totals (Lines 6.7 to 7.2) 9. Carried Lines (Lines 1.2) 9. Carried Lines		•											
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13. Agropate with ins for miscellaneous direct claims and benefits paid	11. Annuity benefits												
1. All other benefits, except accident and health 1. Totals 1. Totals 1. Totals 1. Totals 1. Summary of Line 31 from overflow page 1. Summary of Line 31 from overflow page 1. Summary of Line 31 from 1303 plus 1338) (Line 13 above) 1. DIRECT DEATH									<u> </u>				
14. All other benefits, except accident and health	00 0												
DETAILS OF WRITE-INS 1302 130300 1303000 1303000 1303000 1303000 1303000 1303000 1303000 1303000 13030000 13030000000000													
1301. 1302. 1303													
1902 1909													
1938. Summary of Line 13 from overflow page 1939. Totals (Lines 130 if thru 1930) plus 1989) (Line 13 abovo) 1939. Totals (Lines 130 if thru 1930) plus 1989) (Line 13 abovo) 1939. Totals (Lines 130 if thru 1930) plus 1989) (Line 13 abovo) 1939. Totals (Lines 130 if thru 1930) plus 1989) (Line 13 abovo) 1939. Totals (Lines 130 if thru 1930) plus 1989) (Line 13 abovo) 1939. Totals (Lines 130 if thru 1930) plus 1989) (Line 13 abovo) 1939. Totals (Lines 130 if thru 1930) plus 1989) (Line 13 abovo) 1939. Totals (Lines 130 if thru 1930) plus 1989) (Line 1930) plus 1989) (Line 1930) (Line 1930) plus 1930) (Line 1930) (Line 1930) plus 1930) (Line 1930)													
1398. Summary of Line 13 from overflow page 1399. Totals (Line 1301 thu 1303 plus 1398) (Line 13	1303.												
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS No. of Incl. Policy ENDOWMENTS No. of Service Service Incl. Unpaid December 31 prior Provinced during current year Is 1.8 py apprent in full. Is 2.8 py apprent in will. Is 3.4 Reduction by Compromise dialims Compromise of increase in the compromise of increase increase in the compromise of increase in the compromise of increase in the compromise of increase increase increase increase increase in the compromise of increase in the compromise of increase	1398. Summary of Line 13 from o	verflow pa	ge										
DIRECT DEATH 1	,	03 plus 139	98) (Line 13										
DIRECT DEATH BENEFITS AND MATURETS No. of No. o					0 11111				l		1		
DIRECT DEATH BENEFITS AND MATURED STORY AND ST		(Ordinary			lual)		Group	p	ı	ndustrial		Total
MATURED ENOWINENTS No. Amount No. Amoun	_			_	4		5					9	
ENDOWNENTS No. Amount No.													
16. Uropald December 31, prior year	ENDOWMENTS			& Gr.									
Year		No.	Amount	Certifs.	Amour	nt	Certifs.	Α	mount	No.	Amount	No.	Amount
Settled during current year: 18.1 By payment in full 18.2 By payment on compromised claims 18.3 Totals paid 18.4 Reduction by compromised 18.6 Amount rejected 18.6 Total settlements 19.1 Unpiad Dec. 31, current 19.2 Unpiad Dec. 32, current 19.													
18.1 By payment in full 18.2 By payment on	17. Incurred during current year						-					-	
18.2 By payment on compromised claims 18.3 Totals paid 18.4 Reduction by compromised 18.5 Amount rejected 18.6 Total settlements 19. Unpaid Dec. 31, current year (16+17-18.6) 20. In force December 31, prior year 21. Issued during year 22. Other changes to in force (Net) 23. In force December 31 of current year 24. Includes findy Credit Life Insurance prior year \$ 1. Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ 1. Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ 1. Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ 1. Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ 24. Group Policies (b) 25. Non-cancelable (b) 26. Totals (kurry ternewable policies (b) 27. Loans greater The XVIII exempt from state taxes or fees other brindwidual Policies 28. Non-renewable for stated reasons only (b) 29. Group Policies (c) 29. Group Policies (c) 20. Great Losses Paid Individual Policies 20. Great Reduction Premiums 21. Sollactively renewable policies (b) 22. Guaranteed renewable (b) 23. Sollactively renewable policies (b) 25. Group Policies (c) 26. Totals (kurre 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) 27. Totals (sur of Lines 25.1 to 25.5) 28. On 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0													
18.3 Totals paid 18.4 Reduction by 18.5 Totals paid 18.4 Reduction by 18.5 Totals paid 18.6 Totals paid 18.6 Total settlements 18.6 Total settlements 19. Unpaid Dec. 31, current 19. Unpaid Dec. 32, current 19. Unpaid Dec. 34, current 19. Unpaid Dec. 34	, , ,												
18.6 Total settlements 19. Unpaid Dec. 31, current year (15+17-18.6) POLICY EXHIBIT 20. In force December 31, prior year 21. Issued during year 22. Other changes to in force (Net) 23. In force December 31 of current year \$ Includes Individual Cedit Life Insurance prior year \$ Includes Group Credit Life Insurance prior year \$ Includes Group Credit Life Insurance prior year \$ Includes Individual Credit Life Insurance prior year \$ Incurrent Year	compromised claims												
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18.6 Total settlements. 19. Unpaid Dec. 31, current year (1ch17-18.6) POLICY EXHIBIT 20. In force December 31, prior year year. 21. Issued during year. 21. Issued during year. 23. In force December 31 of current year shincludes Group Credit Life Insurance prior year \$ Includes Individual Credit Life Insurance prior year \$ Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ Includes Group Credit Life Insurance prior year \$ Includes Group Credit Life Insurance prior year \$ Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ Includes Group Fremiums Includes Group Fremiums Includes Group Fremiums Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ Includes Group Fremiums Includes Gro	compromise												
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POLICY EXHIBIT 20. In force December 31, prior year 21. Issued during year 22. Other changes to in force (Net) 23. In force December 31 of current year 31 includes Group Credit Life Insurance prior year \$ Includes Group Credit Life Insurance prior year \$ Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ Includes Group Group or Experiment Search S													
20. In force December 31, prior year (a)				74									
20. In force December 31, prior year (a)	BOI ICY EXHIBIT						. of						
22. Other changes to in force (Net)	20. In force December 31, prior						Folicies						
22. Other changes to in force (nyt) (nyt	year				(a)			 					
(Net)										+			
Current year (a)	(Net)									-			
a) Includes Individual Credit Life Insurance prior year \$ Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ College					(2)								
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ current yea		nsurance p	rior year \$			current	vear \$						
Comparison Com	Includes Group Credit Life Insur	rance Loar	ns less than or ec	ual to 60 m	onths at issu	ue, pri	or year \$, CL	ırrent year \$		
1	Loans greater than 60 months a	at issue BU	JT NOT GREATE	ER THAN 1	20 MONTHS	S, prior	year \$, CL	ırrent year \$		
1			Δ	CCIDE	NT AND	HE/	LTH I	NSUF	RANCE				
Direct Premiums Direct Premiums Earned Business Direct Losses Paid Direct Losses Paid Direct Losses Paid Direct Losses Paid										-	4		5
Direct Premiums Earned Business Direct Losses Paid Incurred						Dir	ect Premi	ums					Direct Losses
24.1 Federal Employees Health Benefits Plan premium (b) 24.2 Credit (Group and Individual) 24.3 Collectively renewable policies (b) 24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies: 56, 153,275 51,330,120 41,067,148 34,324,968 25.1 Non-cancelable (b) 25.2 Guaranteed renewable (b) 25.3 Non-renewable for stated reasons only (b) 25.4 Other accident only 25.4 Other accident only 25.5 All other (b) 25.6 Totals (sum of Lines 25.1 to 25.5) 0 0 0 0 0 0 0 0 0 0 41,067,148 34,324,968 34,324,968				Direct P	remiums						Direct Losses	Paid	
premium (b)	,				<u>-</u>	L			<u> </u>		-		
24.2 Credit (Group and Individual) 24.3 Collectively renewable policies (b) 24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies: 56, 153,275 51,330,120 41,067,148 34,324,968 25.1 Non-cancelable (b) 25.2 Guaranteed renewable (b) 25.3 Non-renewable for stated reasons only (b) 25.4 Other accident only 25.5 All other (b) 25.5 All other (b) 25.6 Totals (sum of Lines 25.1 to 25.5) 0 0 0 0 0 0 0 0 0 41,067,148 34,324,968													
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies: 56, 153,275 51,330,120 41,067,148 34,324,968 25.1 Non-cancelable (b) 25.2 Guaranteed renewable (b) 25.3 Non-renewable for stated reasons only (b) 25.4 Other accident only 25.4 Other accident only 25.5 All other (b) 25.6 Totals (sum of Lines 25.1 to 25.5) 0 0 0 0 0 0 0 0 0 0 41,067,148 34,324,968 34,324,968	24.2 Credit (Group and Individua	al)											
Other Individual Policies: 25.1 Non-cancelable (b)							F1 61						04 004 005
25.1 Non-cancelable (b) 25.2 Guaranteed renewable (b) 25.3 Guaranteed renewable (b) 25.3 Non-renewable for stated reasons only (b) 25.4 Other accident only 25.4 Other accident only 25.5 All other (b) 25.6 Totals (sum of Lines 25.1 to 25.5) 0	·	ı ırom state	e taxes or tees		56, 153, 275		51,33	su, 120	}		. 41,0	b/,148	34,324,968
25.2 Guaranteed renewable (b)													
25.4 Other accident only	25.2 Guaranteed renewable (b)												
25.5 All other (b) 0									ļ		-		
25.6 Totals (sum of Lines 25.1 to 25.5) 0 0 0 0 0 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) 56,153,275 51,330,120 0 41,067,148 34,324,968											-		
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) 56,153,275 51,330,120 0 41,067,148 34,324,968	25.6 Totals (sum of Lines 25.1 to	o 25.5)			n				<u> </u>	n		·····	n
	26. Totals (Lines 24 + 24.1 + 2	4.2 + 24.3	+ 24.4 + 25.6)		56, 153, 275		51,33	30 <u>,</u> 120			41,0	67, 148	
incured under indemnity only products				of persons i	nsured unde	er PPC	managed	d care p	oroducts		0 and	I number of	

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insured under indemnity only products



DIRECT BUSINESS IN THE NAIC Group Code 4667	STATE C)F Massachus	etts	LI	FE II	NSUR	ANCE	E				YEAR 2016 y Code 12575
·	DDEMILIM			1		2			3	4	Compan	5
AND ANNUITY	PREMIUMS CONSIDER		Ordi	inary		dit Life (G nd Individu		G.	roup	Industri	al	Total
Life insurance												
Annuity considerations Deposit-type contract fun						XXX				XXX		
Other considerations												
5. Totals (Sum of Lines 1 to												
DIRECT DIVIDENDS Life insurance:	TO POLIC	YHOLDERS										
6.1 Paid in cash or left or	n deposit											
6.2 Applied to pay renew	al premiums	;										
6.3 Applied to provide pa the endowment or pr												
6.4 Other	emum-payı	ng penod										
6.5 Totals (sum of Line 6												
Annuities: 7.1 Paid in cash or left or	a donocit											
7.1 Faid in cash or left of 7.2 Applied to provide pa	•											
7.3 Other												
7.4 Totals (sum of Lines	,				—							
8. Grand Totals (Lines 6.5 p		FITS PAID				-11						
Death benefits												
10. Matured endowments												
Annuity benefits Surrender values and with			l					 				
13. Aggregate write-ins for m		i i						ļ				
and benefits paid								 				
14. All other benefits, except15. Totals	accident an	и пеакп						<u> </u>				
DETAILS OF WRITE-IN	S							<u> </u>				
1301.												
1302.												
1303 1398. Summary of Line 13 from	overflow pa							İ			<u>-</u>	
1399. Totals (Lines 1301 thru 1	303 plus 13											
above)								<u> </u>				
		Ordinary		Credit Life o and Individ	ual)		Group	n		ndustrial		Total
DIRECT DEATH	1	2	3	4	uaij	5	Group	6 6	7	8	9	10
BENEFITS AND MATURED			No. of									
ENDOWMENTS			Ind.Pols. & Gr.			No. of						
INCURRED	No.	Amount	Certifs.	Amour	nt	Certifs.	Α	mount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year												
17. Incurred during current year	r						ļ					
Settled during current year: 18.1 By payment in full												
18.2 By payment on												
compromised claims 18.3 Totals paid												
18.4 Reduction by						†			-			
compromise						-						
18.5 Amount rejected 18.6 Total settlements		·										
19. Unpaid Dec. 31, current												
year (16+17-18.6)						of						
POLICY EXHIBIT						Policies	_					
20. In force December 31, prior				(-)								
year21. Issued during year				(a)		<u> </u>	İ					
22. Other changes to in force												
(Net)23. In force December 31 of						t	<u> </u>		+			
current year			_	(a)			<u> </u>					
(a) Includes Individual Credit Life Includes Group Credit Life Ins				, C						rront voor ¢		
Loans greater than 60 months										ırrent year \$ ırrent year \$		
<u> </u>						•			,	, ,		
				NT AND	пер	<u> </u>	1301		3	4	T	5
						_	ļ	Dividend	ds Paid Or			-
			Direct P	remiums	Dire	ect Premit Earned	ums		On Direct	Direct Losse	s Paid	Direct Losses Incurred
24. Group Policies (b)												
24.1 Federal Employees Heal premium (b)							ļ					
24.2 Credit (Group and Individ	lual)											
24.3 Collectively renewable po	olicies (b)											
24.4 Medicare Title XVIII exen	•	e taxes or fees	1	12,507,421		109,59	32,063			77,	889,074	65,017,653
Other Individual Policies: 25.1 Non-cancelable (b)							ļ					
25.2 Guaranteed renewable (I												
25.3 Non-renewable for stated					ļ			ļ		.		
25.4 Other accident only												
25 5 All other (h)					i					i	1	
25.5 All other (b)	1 to 25.5)			n					(,	0	n
25.5 All other (b)	1 to 25.5)			0					(0 889,074	0 65,017,653

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insured under indemnity only products



DIRECT BUSINESS IN THE NAIC Group Code 4667	STATE O	F Michigan		LI	IFE I	NSUR	ANCI	E				YEAR 2016 y Code 12575
DIRECT F	PREMIUMS			1		2 dit Life (G			3	4		5
AND ANNUITY C 1. Life insurance			Ordi	inary	ar	nd Individu	ıal)	Gro	oup	Industria	I	Total
Annuity considerations										·		
Deposit-type contract fund						XXX				XXX		
Other considerations												
5. Totals (Sum of Lines 1 to	4)											
DIRECT DIVIDENDS	TO POLIC	YHOLDERS										
Life insurance:												
6.1 Paid in cash or left on												
6.2 Applied to pay renewa	•											
6.3 Applied to provide paid												
the endowment or pre 6.4 Other												
6.5 Totals (sum of Line 6.1										·		
Annuities:	1 10 0.4)											
7.1 Paid in cash or left on	deposit											
7.2 Applied to provide paid												
7.3 Other												
7.4 Totals (sum of Lines 7	,											
8. Grand Totals (Lines 6.5 pl												
DIRECT CLAIMS A		-	1									
9. Death benefits					J					-		
10. Matured endowments												
11. Annuity benefits 12. Surrender values and with												
 Surrender values and with Aggregate write-ins for mis 										 		
and benefits paid												
14. All other benefits, except a	accident and	d health										
15. Totals												
DETAILS OF WRITE-INS												
1301.												
1302.												
1303.										.		
1398. Summary of Line 13 from		•										
1399. Totals (Lines 1301 thru 13 above)	03 plus 139	98) (Line 13										
above)					l							
		O		Credit Life	J = IV		0	_	1			T-4-1
DIRECT DEATH	1	Ordinary 2	(Group	and Individ	iuai)	5	Grou	<u>р</u> 6	7	ndustrial 8	9	Total 10
BENEFITS AND	'	2	No. of	-		3		O	,	0	9	10
MATURED			Ind.Pols.									
ENDOWMENTS			& Gr.			No. of						
INCURRED 16. Unpaid December 31, prior	No.	Amount	Certifs.	Amoui	nt	Certifs.	А	mount	No.	Amount	No.	Amount
year												
17. Incurred during current year												
Settled during current year:												
18.1 By payment in full	*											
18.2 By payment on												
compromised claims												
18.3 Totals paid 18.4 Reduction by						+						
compromise												
18.5 Amount rejected			N									
18.6 Total settlements												
19. Unpaid Dec. 31, current												
year (16+17-18.6)			-									
POLICY EXHIBIT						Policies						
20. In force December 31, prior						1 Olloics						
year				(a)								
21. Issued during year												
22. Other changes to in force												
(Net)23. In force December 31 of												
current year				(a)								
(a) Includes Individual Credit Life I	nsurance p	rior year \$, (current	year \$						
Includes Group Credit Life Insu	ırance Loar	ns less than or ec	qual to 60 m	onths at iss	ue, prid	or year \$, cu	rrent year \$		
Loans greater than 60 months	at issue Bl	JT NOT GREATE	ER THAN 1	20 MONTHS	3, prior	year \$, cu	rrent year \$		
		Δ	CCIDE	NT AND	HEA	M TH II	NSH	RANCE				
				1		2	1001		3	4		5
				•		_			s Paid Or			J
					Dir	ect Premi	ums	Credited	On Direct			Direct Losses
			Direct P	remiums		Earned		Busi	ness	Direct Losses	Paid	Incurred
24. Group Policies (b)			l 		ļ			ļ				
24.1 Federal Employees Health premium (b)												
24.2 Credit (Group and Individu								·				
24.3 Collectively renewable pol								<u> </u>				
24.4 Medicare Title XVIII exemp				74,488,999		71,95	56,816			57.6	58,090	48,271,760
Other Individual Policies:				, ,,,,,,,,		1,50	,				,	
25.1 Non-cancelable (b)												
25.2 Guaranteed renewable (b))											
25.3 Non-renewable for stated	reasons on	ly (b)			ļ			ļ		ļ		
25.4 Other accident only					ļ							
25.5 All other (b)								ļ				
25.6 Totals (sum of Lines 25.1	to 25.5)			0	ļ			ļ	0			0
26. Totals (Lines 24 + 24.1 + 2		,		74,488,999		,	56,816		0	- ,	58,090	48,271,760
	aatad linaa	roport: Number	of nersons i	nsured unde	r PPC) managed	d care r	oroducts		0 and	number o	of persons

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DIRECT BUSINESS IN THE NAIC Group Code 4667	STATE C	F Minnesota		LI	FE I	NSUR	ANCE	<u> </u>				YEAR 2016 / Code 12575
·	DDEMILING			1		2			3	4	Company	5
AND ANNUITY	PREMIUMS CONSIDER		Ordi	nary		dit Life (G nd Individu		Gr	roup	Industria	ıl	Total
Life insurance												
Annuity considerations Deposit-type contract fun						XXX				XXX		
Other considerations												
Totals (Sum of Lines 1 to	4)											
DIRECT DIVIDENDS	TO POLIC	YHOLDERS										
Life insurance: 6.1 Paid in cash or left or	denosit											
6.2 Applied to pay renewa	al premiums	;										
6.3 Applied to provide pa												
the endowment or pr 6.4 Other	emium-payi	ng perioa										
6.5 Totals (sum of Line 6												
Annuities:	, danaait											
7.1 Paid in cash or left or 7.2 Applied to provide pa												
7.3 Other												
7.4 Totals (sum of Lines	,		\									
8. Grand Totals (Lines 6.5 p		FITS PAID	- 			\blacksquare	H					
Death benefits												
10. Matured endowments												
11. Annuity benefits 12. Surrender values and wit												
13. Aggregate write-ins for m										1		
14. All other benefits, except15. Totals	accident an	u nediln								†		
DETAILS OF WRITE-INS	3											
1301.												
1302 1303												
1398. Summary of Line 13 from	overflow pa											
1399. Totals (Lines 1301 thru 1	303 plus 13	98) (Line 13										
above)	1											
		Ordinary		Credit Life and Individ	lual)		Group	n		ndustrial		Total
DIRECT DEATH	1	2	3	4		5		6	7	8	9	10
BENEFITS AND MATURED			No. of Ind.Pols.									
ENDOWMENTS			& Gr.			No. of						
INCURRED 16. Unpaid December 31, prior	No.	Amount	Certifs.	Amour	nt	Certifs.	Α	mount	No.	Amount	No.	Amount
year												
17. Incurred during current year	•											
Settled during current year: 18.1 By payment in full												
18.2 By payment on												
compromised claims 18.3 Totals paid												
18.4 Reduction by		_	_			_						
compromise 18.5 Amount rejected			\			 						
18.6 Total settlements						7/						
19. Unpaid Dec. 31, current												
year (16+17-18.6)			- 1			. of						
POLICY EXHIBIT		_				Policies						
20. In force December 31, prior year				(a)								
21. Issued during year							<u> </u>					
22. Other changes to in force (Net)												
23. In force December 31 of												
current year (a) Includes Individual Credit Life	Insurance r	prior year \$		(a), c	current	vear \$	<u> </u>					
Includes Group Credit Life Ins										ırrent year \$		
Loans greater than 60 months	s at issue Bl	JT NOT GREATE	ER THAN 1	20 MONTHS	S, prior	year \$, Cl	ırrent year \$		
		Δ.	CCIDE	NT AND	HE/	ALTH II	NSUF	RANCE				
				1		2			3 ds Paid Or	4		5
					Dir	ect Premi	ums		On Direct			Direct Losses
24 Group Policing (b)			Direct P	remiums		Earned		Bus	siness	Direct Losses	Paid	Incurred
24. Group Policies (b)								}		-		
premium (b)					.			ļ		.		
24.2 Credit (Group and Individ24.3 Collectively renewable po												
24.4 Medicare Title XVIII exem				52,050,226		51,48	38,231			39,1	33,611	32,811,353
Other Individual Policies:						,					[, ,===
25.1 Non-cancelable (b)												
25.2 Guaranteed renewable (c	,				L			<u> </u>				
25.4 Other accident only												
25.5 All other (b)												-
25.6 Totals (sum of Lines 25.1 26. Totals (Lines 24 + 24.1 +	10 25.5) 24.2 + 24.3	1 + 24.4 + 25.6)		0 52.050.226	l		0 38,231	ļ			0 33,611	0 32,811,353
(b) For health business on inc				- , - ,	er PPC			roducts				
incured under indemnity of						a.iagut	. Jaio þ			unc		p=.=50

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insured under indemnity only products



								5 7 5					5 0 0	
DIRECT BUSINESS IN THE NAIC Group Code 4667		MENT FOR F Mississippi	THE Y			THE			Insuran	ice Cor	DURIN	IG THE	YEAR 20 y Code 1	
·				1		2			3		4	Jonipan	5 5	2373
AND ANNUITY		ATIONS	Ord	inary		dit Life (G nd Individu		Gr	oup		Industrial		Total	
Life insurance Annuity considerations														
Deposit-type contract fun	ds					XXX					XXX			
 Other considerations Totals (Sum of Lines 1 to 														
DIRECT DIVIDENDS		YHOLDERS												
Life insurance: 6.1 Paid in cash or left or	donocit													
6.2 Applied to pay renewa	•													
6.3 Applied to provide pa the endowment or pr														
6.4 Other														
6.5 Totals (sum of Line 6 Annuities:	.1 to 6.4)													
7.1 Paid in cash or left or	deposit													
7.2 Applied to provide pa 7.3 Other	•													
7.4 Totals (sum of Lines			\											
8. Grand Totals (Lines 6.5 p						17								
9. Death benefits		-							_					
10. Matured endowments														
Annuity benefits Surrender values and wit														
13. Aggregate write-ins for m	iscellaneou	s direct claims												
and benefits paid					 									
15. Totals														
DETAILS OF WRITE-INS														
1302.														
1303														
1398. Summary of Line 13 from 1399. Totals (Lines 1301 thru 1														
above)														
		Ordinary		Credit Life p and Indivic	lual)		Group	2		Industrial			Total	
DIRECT DEATH	1	2	3	4	iuai)	5	Group	6	7	industrial 8		9	10181	0
BENEFITS AND MATURED			No. of Ind.Pols.											
ENDOWMENTS INCURRED	NI-	A	& Gr.			No. of			NI-	۸		NI-	A	4
16. Unpaid December 31, prior	No.	Amount	Certifs.	Amou	ΠL	Certifs.	A	mount	No.	Amo	ourit	No.	Amo	Juni
year17. Incurred during current year	-													
Settled during current year:														
18.1 By payment in full 18.2 By payment on														
compromised claims														
18.3 Totals paid 18.4 Reduction by														
compromise			\											
18.5 Amount rejected 18.6 Total settlements					\mathbf{H}									
19. Unpaid Dec. 31, current							7							
year (16+17-18.6)			+			. of								
POLICY EXHIBIT 20. In force December 31, prior			_			Policies								
year				(a)										
21. Issued during year 22. Other changes to in force							<u> </u>							
(Net)				-		<u> </u>	<u> </u>							
23. In force December 31 of current year				(a)										
(a) Includes Individual Credit Life		•									_			
Includes Group Credit Life Ins Loans greater than 60 months										-				
-			CCIDE	NT AND	HΕΔ	I TH II	NSHE	RANCE						
				1		2	1001		3		4		5	
					Dir	ect Premi	ums		ls Paid Or On Direct				Direct Los	sses
			Direct P	remiums	5116	Earned			iness		t Losses	Paid	Incurre	
24. Group Policies (b)			<u> </u>		<u> </u>			<u> </u>		}				
premium (b)					ļ									
24.2 Credit (Group and Individ24.3 Collectively renewable po			L		<u></u>			L		}				
24.4 Medicare Title XVIII exem	npt from sta			54,335,419		57,60	32,712				50,36	64, 153	42,	,314,757
Other Individual Policies: 25.1 Non-cancelable (b)														
25.2 Guaranteed renewable (b)													
25.3 Non-renewable for stated	reasons or	ıly (b)						ļ						
25.4 Other accident only														
25.6 Totals (sum of Lines 25.1	to 25.5)			0								0		0
						F7 0/	240	i		0	E0 20	64, 153	40	,314,757
26. Totals (Lines 24 + 24.1 + (b) For health business on inc				54,335,419		,	32,712	rodusts					,	,314,737



DIRECT PREMIUNIS CONSIDERATIONS 1. Manual yenosterations 2. Analysi yenosterations 3. Decorably occurred for solid programs of the programs o	DIRECT BUSINESS IN THE NAIC Group Code 4667	STATE O	F Missouri			FE IN		ANCE			NAIC		YEAR 2016 y Code 12575
AND ANNUTY CONSIDERATIONS On interest to 1. Use insurance control to the control of the control	DIRECT	PREMIUMS			1	Credit	2 t Life (G	roup	;	3	4		5
2. A multiple control funds by the control funds by	AND ANNUITY	CONSIDERA	ATIONS	Ordi	inary				Gr	oup	Industria	al	Total
3. Other content at turns. 4. Other content contents. 5. Totals count of Lines 1 to 0 days. 6. Totals count of Lines 1 to 0 days. 6. Approach to governous premiums or shorten. 6. A Concer. 6. Totals count count premiums or shorten. 6. A Concer. 6. Totals count of Lines 1 to 0 days. 7. Approach to grow premium premiums or shorten. 7. Approach to grow premium premiums. 7. Approach to grow pr													
Totals Sum claims to 4) DIRECT DIVIDENDS TO POLICYHOLDERS Totals Sum to relien or degrad 3.2 Applied to pay served permittinate 3.2 Applied to pay served permittinate 3.2 Applied to pay served permittinate 3.3 Applied to pay served permittinate 3.4 Applied to pay served permittinate 3.4 Applied to pay served permittinate 3.4 Applied to pay served permittinate 3.5 Totals Sum of Lines 3 to 5 d. 4.5 Applied to pay served permittinate 3.5 Totals Sum of Lines 3 to 5 d. 4.5 Applied to pay served permittinate 3.5 Totals Sum of Lines 3 to 5 d. 4.5 Applied to sum of Lines 3 to 5 d. 4.5 Applied to sum of Lines 3 to 5 d. 4.5 Applied to sum of Lines 3 to 5 d. 5.5 Totals Sum of Lines 3 to 5 d. 5.5 Totals Sum of Lines 3 to 5 d. 5.6 Applied to 1.5 App	•								L				
DIRECT DIVIDENDS TO POLICYHOLDERS Life insurance: 8.1 Pied in cash or left on degoting callums 8.2 Applied to provide paid-up admitted in the ordoverment or pomitum paying period 4.4 City Annualise: 7.1 Pied in cash or left on degoting callums 8.2 Applied to provide paid-up annualise 7.2 Applied to provide paid-up annualise 7.3 Applied to provide paid-up annualise 7.4 To load (norm of Line 6.1 to 6.4) Annualise: 7.1 Pied in cash or left on degoting callums 8.0 Design of Line 5.5 to 10.4 to 6.9 Applied to provide paid-up annualise 7.4 To load (norm of Line 6.1 to 7.3) 8.0 Grant Totals (Line 6.5 to 10.4) Applied to provide paid-up annualise 7.4 To load (norm of Line 7.1 to 7.3) 8.0 Design for line 7.1 to 7.3 8.0 Design for line 7.1 to 7.3 8.0 Design for line 7.1 to 8.0 8.1 Applied to provide paid-up annualise 8.1 Annually benefits 9.1 Annually benefits 9.2 Surmedor values and will individends for life contrade 1.4 All other benefits, except accident and health 9.1 Annually benefits 9.1 Totals 9.1 T	' ''		i i										
LUE insurance: 5.1 Ped id neath of reft on deposit 5.2 Applied to pps renewal prantums or obtates the showmone of prantums or obtates the showmone of prantums or obtates the showmone of prantums or obtates the showmone of prantums or obtates the showmone of prantums or obtates the showmone of prantums or obtates the showmone of prantums or obtates the showmone of prantums or obtates the showmone of prantums or obtates the showmone of prantums or obtates the showmone of prantums or obtates the showmone of the showmone of prantums the showmone of the showmone of the showmone the showmone of the showmone the showmone of the showmone of the showmone of the showmone the showmone of the showmone of the showmone the showmone of the showmone the showmone of the showmone of the showmone the showmone of the showmone of the showmone the showmone of the showmone of the showmone the showmone of the showmone of the showmone the showmone of the showmone of the showmone the showmone of the showmone the showmone of the showmone of the showmone the showmone of t													
6 - Pad in cash or left on deposit. 6 - Applied to poy recovery immunis. 7 - Applied to poy first pad open and the control of the		TO POLICY	YHOLDERS										
6.2 Applied to pay renewal premium 6.3 Applied to promise paid up additions or shorten 6.4 Office 6.5 Totals common of up en to 16 of 16 o													
8.5 Applied to growthe pack-up actitions or shorten to genomement or promise impring period of the genomement or promise imprise period of the genomement of promise imprise period of the genomement of promise imprise period of the genomement of t	6.1 Paid in cash or left of	1 deposit al promiume											
the endowners of pereliam-paying period 5 d. Original Control of the Control of t													
6.5 Totals (sum of Line 5.1 to 6.4) Annualities 7.1 Paid in cash or left on deposits 7.1 Paid in cash or left on deposits 7.2 Order 7.4 Totals (sum of Lines 7.1 to 7.3) DIRECT CLAMS AND SEREPTS PAID Death benefits 1.1 Annually brandis 1.2 Surrender values and withdrawals for life contracts 3.3 Aggregate write-ins for miscellaneous direct claims and bornelits 1.2 Surrender values and withdrawals for life contracts 3.3 Aggregate write-ins for miscellaneous direct claims and bornelits 3. Aggregate write-ins for miscellaneous direct claims and bornelits 3. Aggregate write-ins for miscellaneous direct claims and bornelits 3. Aggregate write-ins for miscellaneous direct claims and bornelits 3. Aggregate write-ins for miscellaneous direct claims and bornelits 3. Summary of Line 13 from evenifice page 3. DETAILS OF WRITE-INS 1.3. Summary of Line 13 from evenifice page 3. Totals (Lines 1:31) thus 1:353 plus 1:398) (Line 1:3 1.3. Totals claims 1:31 thus 1:353 plus 1:398) (Line 1:3 1.3. Totals paid 1.2 Summary of Line 13 from evenifice page 3. Totals (Lines 1:31) thus 1:353 plus 1:398) (Line 1:3 1.3. Totals paid 1.2 Lines of Courter of Lines 1:3 1.3. Totals paid 1.3. Totals paid 1.4. Amount No. Amo	the endowment or pr	emium-payin	g period										
Annulise: 7.1 Pacific Incash or left on deposit 7.2 Applied to provide paid-up anulises. 7.3 Online 7.3 Charles 7.3 Charles 7.4 Charles 7.5 Charles 7.5 Charles 7.5 Charles 7.6 Charles 7.6 Charles 7.7 Charles 7.7 Charles 7.7 Charles 7.8 Charles 7.8 Charles 7.9 Charles 7.0 Charles 7.	6.4 Other												
7. Paid in cash or left on deposit 7. 2 Applied by privileg and up amultises 7. 3 Other 7. 4 Totals (pum of Lines 7.1 to 7.3). 8. Grand Totals (Lines 5.5 pts. 7.4) 9. Death benefits 10. Matured andowness 11. Annuity benefits 12. Surrorder values and withdrawals for life contracts 13. Agronges when as for miscellaneous direct claims 14. Annuity benefits 15. Totals 16. Totals 17. Totals 18. Totals 19. Tota		.1 to 6.4)											
7.2 Applied to provide paid-up annutibles 7.3 Orbite 7.4 Totals (aum of Lines 7, 1 to 7.5) 8. Grand Totals (Lines 6.5 plas 7.4) 8. Destah benefits 11. Annuty benefits 12. Surrender values and withdrawass for life contracts 13. Aggregate write-in for miscelaneous direct claims 14. All other benefits, except accident and health 15. Totals DETALS OF WRITE-INS No. Amount A 5 5 6 7 8 9 10 No. Amount No. Amou		n denosit											
7.3 Olimer (Lines 15, bits 7.1 to 7.3) 3. Grand Totals (Lines 6.5, bits 7.4) DURCE CLAMS AND BENETIS PAID 10. Manual bowling 11. Annually benefits 12. Surrender values and withdrawals for life contracts 13. Aggregate write ins for miscellaries under clause in a discontract of the contracts													
B. Grand Totals (Lines 6.5 plus 7.4) DIECT CLAIMS AND BENEFITS PAID 3. Death benefits 11. Armunity benefits 12. Surreduct endowments 13. Transity benefits 3. Surreduct endowments 14. All other benefits, except accident and health 15. Totals DETAILS OF WRITE-INS DETAILS OF WRITE-INS DETAILS OF WRITE-INS DETAILS OF WRITE-INS DIECT DEATH BENEFITS AND DIRECT DEATH D	7.3 Other			\									
DIRECT CLAMS AND BENEFITS PAID 10. Death brewfiles 110. Multured endowments 112. Surrender values and withdrawals for life contracts 12. Surrender values and withdrawals for life contracts 12. Surrender values and withdrawals for life contracts 13. Algorithm with either for indicationations direct claims 14. All other benefile, except accident and health 15. Totals 15. Totals 15. Totals 15. Totals 15. Totals 15. Totals 15. Totals 15. Totals 15. Totals 15. Totals 15. Totals 15. Totals 15. Totals 15. Totals 15. Totals 15. Totals 15. Totals 15. Totals 15. Totals 16. Uniform to control to the properties of the properti				.		7	.						
3. Death benefits 11. Amonity benefits 12. Surrender values and withdrawals for life contracts 13. Aggregate write-ins for miscellarocus direct claims 14. All other benefits, except accident and health 15. Totals DETAILS OF WRITE-INS 1301. 1302. 1303. 1304. 1305. 1306. 1308. Totals (Lines 1301 thru 13030 plus 1399) (Line 13 1306. 1307. 1308. Totals (Lines 1301 thru 13030 plus 1399) (Line 13 1308. 1308. Totals (Lines 1301 thru 13030 plus 1399) (Line 13 1309. 1309. Totals (Lines 1301 thru 13030 plus 1399) (Line 13 1309. 1309. Totals (Lines 1301 thru 13030 plus 1399) (Line 13 1309. 1309. Totals (Lines 1301 thru 13030 plus 1399) (Line 13 1309. 1309. Totals (Lines 1301 thru 13030 plus 1399) (Line 13 1309. 1309. Totals (Lines 1301 thru 13030 plus 1399) (Line 13 1309. 1309. Totals (Lines 1301 thru 13030 plus 1399) (Line 13 1309. 1309. Totals (Lines 1301 thru 13030 plus 1399) (Line 13 1309. 1309. Totals (Lines 1301 thru 13030 plus 1399) (Line 13 1309. 1309. Totals (Lines 1301 thru 13030 plus 1399) (Line 13 1309. 1309. Totals (Lines 1301 thru 13030 plus 1399) (Line 13 1309. 1309. Totals (Lines 1301 thru 13030 plus 1399) (Line 13 1309. 1309. Totals (Lines 1301 thru 13030 plus 1399) (Line 13 1309. Totals (Lines 1301 thru 13030 plus 1399) (Line 13 1309. Totals (Lines 1301 thru 13030 plus 1399) (Line 13 1309. Totals (Lines 1301 thru 13030 plus 1399) (Line 13 1309. Totals (Lines 1301 thru 13030 plus 1399) (Line 13 1309. Totals (Lines 1301 thru 13030 plus 1399) (Line 13 1309. Totals (Lines 1301 thru 1309) (Lines 13			TO DAID	7									
10. Matured endowments 11. Annuity benefits 12. Surrender values and withdrawals for life contracts 13. Agreement with early discontracts 14. Totals 15. Totals 16. University of the 13 from overflow page 1939. Totals (Lines 1301 thru 1303 plus 1389) (Line 13 stowers) 1939. Totals (Line 1301 thru 1303 plus 1389) (Line 13 stowers) 1939. Totals (Line 1301 thru 1303 plus 1389) (Line 13 stowers) 1939. Totals (Line 1301 thru 1303 plus 1389) (Line 13 stowers) 1939. Totals (Line 1301 thru 1303 plus 1389) (Line 13 stowers) 1939. Totals (Line 1301 thru 1303 plus 1389) (Line 13			-	W									
1.1. Annuity benefits						-							
12. Surrender values and withdrawels for life contracts and benefits paid 1. All other benefits, except accident and health 15. Totals DETAILS OF WRITE-INS DETAILS OF WRITE-INS DETAILS OF WRITE-INS DETAILS OF WRITE-INS DIFFALLS OF WRITE-INS 1303. 1308. Summary of Line 13 from overflow page. 1309. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 1309. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 1309. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 1309. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 1309. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 1309. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 15. Total DIRECT DEATH BENEFITS AND MANUFACTS (Group and Individual) DIRECT DEATH BENEFITS AND No. Amount 1 2 No. of Ind. Polis. No. of Ind. Polis. No. of Ind. Po													
arid benefits paid 1.5. Totals DETAILS OF WRITE-INS 1301. 1302. 1308. 1309. Totals (Line 130 from overflow page 1309. Totals (Line 130 from overflow page 1309. Totals (Line 130 from overflow page 1309. Totals (Line 130 from overflow page 1309. Totals (Line 130 from overflow page 1309. Totals (Line 130 from overflow page 1309. Totals (Line 130 from overflow page 1309. Totals (Line 130 from overflow page 1309. Totals (Line 130 from overflow page 1309. Totals (Line 130 from overflow page 1309. Totals (Line 130 from overflow page 1309. Totals (Line 130 from overflow page 1309. Totals (Line 130 from overflow page 1309. Totals (Line 130 from overflow page 1309. Totals (Line 130 from overflow page) 1309. Totals (Line 130 from overflow page) 1309. Amount (Line 130 from overflow page) 1309. Amount (Line 130 from overflow page) 1309. Amount (Line 130 from overflow page) 1309. Amount (Line p			i i										
14. All other benefits, except accident and health													
DETAILS OF WRITE-INS 1301 1302 1303 1308 1309 1309 1309 1309 1309 1309 1309 1309									l				
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25.2 Guaranteed renewable (h)	25.1 Non-cancelable (b)												
25.2 Guaranteed renewable (b)	25.2 Guaranteed renewable (o)											
25.3 Non-renewable for stated reasons only (b)	25.3 Non-renewable for stated	reasons onl	y (b)						ļ				
25.4 Other accident only	25.4 Other accident only												
25.5 All other (b)													
25.6 Totals (sum of Lines 25.1 to 25.5)					0								O
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) 102,499,475 101,731,340 0 94,182,909 78,821,5 (b) For health business on indicated lines report: Number of persons insured under PPO managed care products	· · · · · · · · · · · · · · · · · · ·	. 24 2 ± 24 3	+ 24.4 + 25.6)	1								182,909	78,821,590

insured under indemnity only products0 .



DIRECT BUSINESS IN THE NAIC Group Code 4667	STATE C	F Montana		LI	FE I	NSUR	ANCE	=				YEAR 2016 Code 12575
·	PREMIUMS	,		1		2			3	4	Company	5
AND ANNUITY (Ordi	inary		dit Life (G nd Individu		Gı	oup	Industria	ıl	Total
Life insurance												
2. Annuity considerations												
Deposit-type contract functions Other considerations						XXX						
5. Totals (Sum of Lines 1 to												
DIRECT DIVIDENDS		YHOLDERS										
Life insurance:												
6.1 Paid in cash or left on	deposit											
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6.4 Other	uiii-payii											
6.5 Totals (sum of Line 6.												
Annuities:												
7.1 Paid in cash or left on												
7.2 Applied to provide pair 7.3 Other												
7.4 Totals (sum of Lines 7			\									
8. Grand Totals (Lines 6.5 p												
DIRECT CLAIMS A												
9. Death benefits					J		.					
Matured endowments Annuity benefits					<u> </u>							
11. Annuity benefits12. Surrender values and with												
13. Aggregate write-ins for mi											t	
and benefits paid												
14. All other benefits, except a	accident an	d health										
15. Totals DETAILS OF WRITE-INS	1									-		
1301												
1302.												
1303												
1398. Summary of Line 13 from	overflow pa	age										
1399. Totals (Lines 1301 thru 13 above)	303 plus 13	98) (Line 13										
above)										l .		
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19. Unpaid Dec. 31, current year (16+17-18.6)												
year (10+17-16.0)			- 18			. of						
POLICY EXHIBIT						Policies						
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(Net)						.	ļ		+		-	
23. In force December 31 of current year				(a)								
(a) Includes Individual Credit Life	Insurance o	rior vear \$, C	current	vear \$	<u> </u>					
Includes Group Credit Life Inst										ırrent year \$		
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24. Group Policies (b)			Direct P	remiums		Earned		Bus	siness	Direct Losses	o r alu	Incurred
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Other Individual Policies:	ro stat	31 1863		, , , , , , , , , , , , , , , , , ,		12,00	, o , o 10	<u> </u>				
25.1 Non-cancelable (b)												
25.2 Guaranteed renewable (b)											
25.3 Non-renewable for stated								ļ		.		
25.4 Other accident only												
25.5 All other (b)	to 25 5)										<u>-</u> }	
25.6 Totals (sum of Lines 25.1 26. Totals (Lines 24 + 24.1 +	ιυ ∠5.5) 24 2 ± 24 2	+ 24 4 + 25 6)		0 12,993,347		10 04	0 85,915	ļ			0 83.917	0 8,525,407
(b) For health business on indi				, ,	r PPC			roducte				
(b) For nealth business on indi			oi hei20[12	nouted utide	11 FFC	, managet	, care p	ภบนนบเธ		and	indinibel 0	י אבוסמווס

LS206.MT

insured under indemnity only products



POLICY EXHIBIT 20. In force December 31, prior year year 21. Issued during year 22. Other changes to in force (Net) 32. In force December 31 of current year 31 includes Individual Credit Life Insurance prior year \$ Includes Group Credit Life Ins									5 7 5					
BRICE PREMIUTE CARGINERATIONS 1. Lie numberor. Among condesidentices. 2. Cheer considerations. 3. Cheer considerations. 4. Cheer considerations. 5. Cheer considerations. 5. Cheer considerations. 6. Cheer considerations. 7. In Paids cash or left on deposit of the considerations. 7. In Paids cash or left on deposit of the considerations. 7. In Paids cash or left on deposit of the considerations. 7. In Paids cash or left on deposit of the considerations. 7. In Paids cash or left on deposit of the considerations. 7. In Paids cash or left on deposit of the considerations. 7. In Paids cash or left on deposit of the considerations. 7. In Paids cash or left on deposit of the considerations. 7. In Paids cash or left on deposit of the considerations. 8. Cheer considerations. 1. Annually benefits. 1. Annually benefits. 9. Descriptions of the considerations. 9. Descriptions of the considerations. 1. Annually benefits. 1. Annually benefits. 9. Descriptions of the considerations. 9. Descriptions. 9	DIRECT BUSINESS IN THE			THE Y						Insuran	DU	RING THI		
AND AMPULY CONSIGNATIONS It is instanting a control to the contro	•						2			3			iny C	
1. Life invarance Among conductations Among co				Ord	inary				Gr	oup	Indus	trial		Total
2. Depositive context funes.	Life insurance													
5. Totals Care of Lives 1.0 of	•						XXX				XX	X		
DIRECT DEVICENCE TO POLICY PROCESS 6. P paid in sear or so that numbers 6. P paid in sear or so that numbers 6. P paid in sear or so that numbers 6. S paid in sear or so that numbers 6. S paid in sear or so that numbers 6. S paid on province paid-up addition or stratche in the andownest or premium paying period d. So paid on the so 15 8.6 y d. Arrantiles: 7. 2 P paid in cody in the so deposit 7. 2 P paid in cody in the so sear of the so deposit 7. 2 P paid in cody in the so sear of the so deposit 7. 2 P paid in cody in the so sear of the so deposit 7. 2 P paid in cody in the so sear of the so deposit 7. 2 P paid in cody in the so sear of the so deposit 7. 2 P paid in cody in the so sear of the so deposit 7. 2 P paid in cody in the so sear of the so deposit 7. 2 P paid in cody in the so sear of the so deposit 7. 2 P paid in cody in the so sear of the so deposit 7. 2 P paid in cody in the so sear of the so deposit 7. 2 P paid in cody in the so sear of the so deposit 7. 2 P paid in cody in the so sear of the so s														
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E. S. Applied to pay reserved inching and control of present of present paying period. 6. College of the control of present paying period. 6. College of the control of present paying period. 6. College of the college	Life insurance:													
6.3.7 positions to provide practice provides provided in the provided provides provided by the provided provide		•												
6.4 Core of Control of	6.3 Applied to provide pa	d-up addition	ons or shorten											
6.5 Totals (cum of Line 6.1 to 6.4) Annullies 7.7 Pad in cash pelos princip pr														
7.1 Paid in cash to left on despose 7.2 Applied to province pack-up annullises 7.3 Colord. 1.2 Applied to province pack-up annullises 7.3 Colord. 1.3 DIRECT CLAIMS AND ERKERTS PAID 1.5 DIRECT CLAIMS PAID 1.5 DIRECT CLAIMS AND ERKERTS PAID 1.5 DIRECT CLAIMS AN	6.5 Totals (sum of Line 6.													
7. 2. Aprilios fo provide pink-ty amultises 7. 3. Other 7. 4. Totals some rich times 7.1 to 7.5 to 7.5 7. 4. Totals some rich times 7.1 to 7.5 7. 5. Total some rich times 7.1 to 7.5 7. 5. Total some rich times 7.1 to 7.5 7. 5. Minus provide pink-type for the rich times of the contracts 1. Across provide pink-type for times and times of the contracts 1. Across provide pink-type for times and provide pink-type for times and provide pink-type for times and provide pink-type for times and provide pink-type for times and provide pink-type for times and provide pink-type for times and provide pink-type for times and provide pink-type for times and provide pink-type for times and provide pink-type for times and provide pink-type for times and provide pink-type for times and provide pink-type for times and provide pink-type for times and provide pink-type for times and pink-type for times		deposit												
7. A Totale Summary Line B 3 plan 2 / 10 P. A DIRECT CLAMAS AND EMPERTS PAID DIRECT CLAMAS AND EMPERTS PAID DIRECT CLAMAS AND EMPERTS PAID 1. Amongst benefits 3. Aggregate write-ris for inscellanceus direct clams 1. Amongst benefits 3. Aggregate write-ris for inscellanceus direct clams 1. Amongst benefits 3. Aggregate write-ris for inscellanceus direct clams 1. Totals DETAILS OF WRITE-HIS 1. Totals 1. Totals 1. Totals 1. Totals 1. Totals 1. Total Organization of the propertion page 1. Total Organization of the propertion of	7.2 Applied to provide pa	d-up annuit	ies											
B. Clared Clause & S. piez 7.4) DIRECT CLAMS AND BENEFITS PAID 5. Description in Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of				\										
9. Death benefits 11. Annually benefits 2. Surrorder values and withdrawals for life contracts 13. Any process principal in a significant of the contracts 14. All other benefits, except accident and health 15. Totals DETAILS OF WRITE-ANS No. of WRITE-ANS No.														
10. Matured endowments 11. Annutly penelts 12. Surrender values and windrawals for lite contracts 13. Aggregates where sits microellareaus derict claims 14. All other benefits, except accident and health 15. Totals DETAILS OF WRITE-INS 301. 1309. Totals Lines 1301 thru 1303 plus 1389 (Line 13 200. Totals Lines 1301 thru 1303 plus 1389) (Line 13 200. Totals Lines 1301 thru 1303 plus 1389) (Line 13 200. Totals Lines 1301 thru 1303 plus 1389) (Line 13 200. Totals Lines 1301 thru 1303 plus 1389) (Line 13 200. Totals Lines 1301 thru 1303 plus 1389) (Line 13 200. Totals Lines 1301 thru 1303 plus 1389) (Line 13 200. Totals Lines 1301 thru 1303 plus 1389) (Line 13 200. Totals Lines 1301 thru 1303 plus 1389) (Line 13 200. Totals Lines 1301 thru 1303 plus 1389) (Line 13 200. Credit Lie DIRECT DEATH BEREFITS AD ENDOWMENTS INCURRED No. Amount Certifs Amount Certifs Amount Certifs Amount No. Am			-	V				W						
11. Annuly benefits														
13. Agregate with-is for miscellaneous direct claims and benefits paid. 14. All other benefits, except accident and health 15. DETAILS OF WRITE-INS 3031. 3031. 3032. 3033. 3038. Summary of Line 13 from overflow page. 3039. Totals (Lines 1301 thru 1305 plus 1308) (Line 13 above) DIRECT DEATH SEMEPT'S AND MANUAL PROPERTY AND AMOUNT OF TOTAL PROPERTY AND MANUAL P	11. Annuity benefits													
14. All other brundlis, except accident and health 15. Totals of Certain 15. Totals of Certain 15. Totals of Certain 15. Totals of Certain 15. Totals of Certain 15. Totals of Certain 15. Total 15.						l								
15. Totals DETAILS OF WRITE-INS	and benefits paid								<u> </u>					
1301. 1302. 1303. 1303. 1303. 1303. 1303. 1303. 1303. 1304. 1305. 1305. 1306. 1309.	-	accident an	u nealth											
3032 3038 Summary of Line 13 from overflow page 3039 Stollet (Lines 1301 from 1303 plus 1396) (Line 13 3039														
3939 Summary of Line 13 from overflow page	1301 1302.													
1399, Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	1303													
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS NO. Of Ind Police S. G. T. S. S. S. T. S. S. S. T. S. S. S. T. S.														
DIRECT DEATH BENEFITS AND MATURED No. of Ind Polis No. of In	,	500 pido 10	00) (2110-10											
DIRECT DEATH BENEFITS AND MATURED No.														
MATURED ENDOWMENTS INCURRED No. Amount Ind. Polis. & Gr. Amount Certifs. Amount No. Amou	DIRECT DEATH					lual)	5	Group				9		
ENDOWMENTS INCURRED No. Amount Carifis. Amount No. Amou														
16. Unpaid December 31, prior year 17. Incurred during current year 18.1 by payment in full 18.2 by payment in full 18.2 by payment in full 18.2 by payment in full 18.3 Totals paid 18.4 Reduction by compromise of claims 18.5 Total settlements 18.6 Tot	ENDOWMENTS						No. of							
year Settled during current year: Settled during current year: 18.1 By payment in full 18.2 By payment in full 18.2 By payment in full 18.3 A floation by compromise dialiams. 18.3 Totals paid 18.4 Reduction by compromise during its first paid of the paid of the policy of the paid of the pa		No.	Amount	Certifs.	Amour	nt	Certifs.	A	mount	No.	Amount	No		Amount
Settled during current year: 18.1 By payment in full 18.2 By payment in full 18.2 By payment of compromised claims. 18.3 Totals paid 18.4 Reduction by compromise during the first paid of the f	year													
18.1 By payment in full 18.2 By payment on	,						 							
compromised claims 18.3 Totals paid 18.4 Reduction by compromise 18.5 Amount rejected. 18.6 Total settlements 19. Unpaid Dec. 31, current year (16.17-18.6) POLICY EXHIBIT 20. In force December 31, prior year 21. Issued during year 22. Other changes to in force (Net) 23. In force December 31 of current year 3 includes Group Credit Life Insurance prior year \$ Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ current year 3 includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ current year \$ current year \$ ACCIDENT AND HEALTH INSURANCE 1 2 2 3 Dividend's Paid Or Credited On Direct Business 24. Group Policies (b) 24.2 Credit (Group and Individual) 24.3 Collectively renewable policies (b) 24.4 Medicare Title XVIII exempt from state taxes or fees 25,584,385 25,326,996 22,377,373 19,259,666 21,377,373 19,259,666 25. Quaranteed renewable (b) 25.5 All other (b) 25.6 Otals (sum of Lines 25,1 to 25,5) 25,584,385 25,326,996 0 22,977,373 19,259,666 26. Totals (Lines 24+21+242+243+244+25,6) 25,584,385 25,326,996 0 22,977,373 19,259,666 26. Totals (Lines 24-21,1+242+243+244+25,6) 25,584,385 25,326,996 0 22,977,373 19,259,656 26. Totals (Lines 24-21,1+242+243+243+244+25,6) 25,584,385 25,326,996 0 22,977,373 19,259,656 26. Totals (Lines 24-21,1+242+243+243+244+25,6) 25,584,385 25,326,996 0 22,977,373 19,259,656 27. Totals (Lines 24-21,1+242+243+243+244+25,6) 25,584,385 25,326,996 0 22,977,373 19,259,656 28. Totals (Lines 24-21,1+242+243+243+244+25,6) 25,584,385 25,326,996 0 22,977,373 19,259,656 28. Totals (Lines 24-21,1+242+243+243+243+244+25,6) 25,584,385 25,326,996 0 22,977,373 19,259,656 28. Totals (Lines 24-21,1+242+243+243+243+244+25,6) 25,584,385 25,326,996 0 22,977,373 19,259,656 29. Totals (Lines 24-21,1+242+243+243+243+243+243+243+243+243+243	18.1 By payment in full													
18.3 Totals paid														
compromise 18.5 Amount rejected 18.6 Total settlements 19. Umpaid Dec. 31, current year (16-17-18.6) POLICY EXHIBIT 20. In force December 31, prior year 21. Issued during year 22. Other changes to in force (Net) 32. In force December 31 of current year 43. In force December 31 of current year 44. Issued during year 25. Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$	18.3 Totals paid													
18.6 Total settlements. 19. Unpiad Dec. 31, current year (16±17-18.6) POLICY EXHIBIT 20. In force December 31, prior year 21. Issued during year 22. Issued during year 23. In force December 31 of current year \$ 24. Issued during year 25. Includes Group Credit Life Insurance prior year \$ 26. Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ 27. Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ 28. Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ 29. Carrent year \$ 30 bividends Paid Or Credited On Direct Premiums Credited On Direct Direct Losses Paid Incurred 30 Direct Premiums Direc														
19. Unpaid Dec. 31, current year (16+17-18.6) POLICY EXHIBIT 20. In force December 31, prior year 1. Issued during year 22. Other changes to in force (Net)	-			\										
POLICY EXHIBIT 20. In force December 31, prior year (a)	19. Unpaid Dec. 31, current						T T	7 -						
20. In force December 31, prior year (a) (a) (b) (b) (b) (c) (b) (c) (b) (c) (year (16+17-18.6)			- 13			of							
Year Year	POLICY EXHIBIT			_			Policies							
21. Issued during year 22. Other changes to in force (Net) (Ne					(a)									
(Net)	21. Issued during year				` ′		ļ	ļ						
1	<u> </u>	<u> </u>					<u> </u>	ļ						
Includes Individual Credit Life Insurance prior year \$	23. In force December 31 of				(a)									
ACCIDENT AND HEALTH INSURANCE 1 2 3 4 5 Direct Premiums Earned Direct Losses Paid Incurred 24. Group Policies (b)	-	Insurance p	orior year \$			current	year \$							
ACCIDENT AND HEALTH INSURANCE 1 2 3 4 5 Dividends Paid Or Credited On Direct Losses Paid Incurred 24. Group Policies (b)											-			
1 2 Dividends Paid Or Credited On Direct Losses Paid Direct Losses Paid Direct Losses Direct Losse	Loans greater than oo months	at issue Di				•	•			, C	unem year y			
Direct Premiums Direct Premiums Direct Premiums Direct Premiums Direct Premiums Direct Premiums Direct Premiums Direct Premiums Direct Direct Losses Direct Losses Paid Direct Losses Paid Incurred 24. Group Policies (b)			<i>F</i>			HEA		NSUF		3	Ι Δ			5
Direct Premiums Earned Business Direct Losses Paid Incurred						Б.			Dividend	ls Paid Or				
24.1 Federal Employees Health Benefits Plan premium (b) 24.2 Credit (Group and Individual) 24.3 Collectively renewable policies (b) 24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies: 25.1 Non-cancelable (b) 25.2 Guaranteed renewable (b) 25.3 Non-renewable for stated reasons only (b) 25.4 Other accident only 25.5 All other (b) 25.6 Totals (sum of Lines 25.1 to 25.5) 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) 27. State of Processing State (and number of persons insured under PPO managed care products 26. Totals (sum of number of persons				Direct P	remiums	Dire		ums				ses Paid	ı	
premium (b)														
24.2 Credit (Group and Individual) 24.3 Collectively renewable policies (b) 24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies: 25,584,385 25,326,996 22,977,373 19,259,656 25.1 Non-cancelable (b) 25.2 Guaranteed renewable (b) 25.3 Non-renewable for stated reasons only (b) 25.4 Other accident only 25.4 Other accident only 25.5 All other (b) 25.5 All other (b) 25.6 Totals (sum of Lines 25.1 to 25.5) 0 0 0 0 0 0 0 22,977,373 19,259,656				ļ 										
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies: 25,584,385 25,326,996 22,977,373 19,259,656 25.1 Non-cancelable (b) 25.2 Guaranteed renewable (b) 25.3 Non-renewable for stated reasons only (b) 25.4 Other accident only 25.4 All other (b) 25.5 All other (b) 25.6 Totals (sum of Lines 25.1 to 25.5) 0 0 0 0 0 0 0 0 22,977,373 19,259,656 (b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons	24.2 Credit (Group and Individ	ual)				ļ					}			
Other Individual Policies: 25.1 Non-cancelable (b)		. ,			25,584,385		25,32	26,996				2,977,373		19,259,656
25.2 Guaranteed renewable (b)	Other Individual Policies:						,,	,				, , , , , , ,		-,,
25.3 Non-renewable for stated reasons only (b)						l								
25.5 All other (b) 0	25.3 Non-renewable for stated	reasons on	ıly (b)											
25.6 Totals (sum of Lines 25.1 to 25.5)														
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) 25,584,385 25,326,996 0 22,977,373 19,259,656 (b) For health business on indicated lines report: Number of persons insured under PPO managed care products	25.6 Totals (sum of Lines 25.1	to 25.5)		L	0			0			0	0		0
	26. Totals (Lines 24 + 24.1 +	24.2 + 24.3	3 + 24.4 + 25.6)		25,584,385		25,32	26,996			0 2	2,977,373		19,259,656
insured under indemnity only products0.					insured unde	er PPO) managed	d care p	oroducts		0	and numbe	r of p	ersons



DIRECT BUSINESS IN THE S NAIC Group Code 4667	STATE O	F Nevada		LI	FE IN	NSUR <i>A</i>	ANCE	· E				YEAR 2016 V Code 12575
·	DEWILING			1		2			3	4	1, 1,	5
AND ANNUITY C		ATIONS	Ordi	nary		lit Life (Gı d Individu		Gr	roup	Industria	ıl	Total
Life insurance												
 Annuity considerations Deposit-type contract fund 						XXX						
Other considerations												
5. Totals (Sum of Lines 1 to 4 DIRECT DIVIDENDS	,	YHOLDERS										
Life insurance: 6.1 Paid in cash or left on	deposit											
6.2 Applied to pay renewal	l premiums											
6.3 Applied to provide paid the endowment or pre												
6.4 Other 6.5 Totals (sum of Line 6.1												
Annuities: 7.1 Paid in cash or left on												
7.2 Applied to provide paid	d-up annuiti	es										
7.3 Other 7.4 Totals (sum of Lines 7			\			-						
8. Grand Totals (Lines 6.5 pl	us 7.4)											
DIRECT CLAIMS A			W									
Death benefits Matured endowments												
11. Annuity benefits												
12. Surrender values and with13. Aggregate write-ins for mis		i i			L							
and benefits paid												
14. All other benefits, except a15. Totals	eccident and	a neaith										
DETAILS OF WRITE-INS												
1301. 1302.												
1303.												
1398. Summary of Line 13 from	overflow pa	.ge										
1399. Totals (Lines 1301 thru 13 above)	03 plus 139	98) (Line 13										
				Credit Life								
DIDEOT DE ATU		Ordinary	(Group	and Individ	ual)	-	Group			ndustrial		Total
DIRECT DEATH BENEFITS AND	1	2	3 No. of	4		5		6	7	8	9	10
MATURED ENDOWMENTS			Ind.Pols.			No. of						
INCURRED	No.	Amount	& Gr. Certifs.	Amour	nt	No. of Certifs.	Aı	mount	No.	Amount	No.	Amount
16. Unpaid December 31, prior												
year17. Incurred during current year												
Settled during current year: 18.1 By payment in full												
18.2 By payment on												
compromised claims 18.3 Totals paid												
18.4 Reduction by												
compromise 18.5 Amount rejected			\									
18.6 Total settlements												
19. Unpaid Dec. 31, current												
year (16+17-18.6)			1			. of	7					
POLICY EXHIBIT 20. In force December 31, prior					ŀ	Policies						
year				(a)								
21. Issued during year 22. Other changes to in force									+			
(Net)									+		-	
current year				(a)								
(a) Includes Individual Credit Life I Includes Group Credit Life Insu				, C						irrent voor [©]	_	_
Loans greater than 60 months			•							ırrent year \$ ırrent year \$		
-				NT AND		•			,			
				1 AND	~	2	1001		3	4		5
					Dire	ct Premiu	ıms		ds Paid Or On Direct			Direct Losses
			Direct P	remiums	שוופ	Earned	41110		siness	Direct Losses	s Paid	Incurred
24. Group Policies (b) 24.1 Federal Employees Health					l					-		
premium (b)												
24.2 Credit (Group and Individu										-		
24.3 Collectively renewable pol24.4 Medicare Title XVIII exempt				10,735,548		10,32						6,229,804
Other Individual Policies:				,,		, , , ,	,			,	,	
25.1 Non-cancelable (b)												
25.2 Guaranteed renewable (b) 25.3 Non-renewable for stated										-		
25.4 Other accident only												
25.5 All other (b)	to 25 5)								0			
26. Totals (Lines 24 + 24.1 + 2				10,735,548			21,068	L				6,229,804
(b) For health business on indicate (b)												

insured under indemnity only products



., current year \$.., current year \$

	SUPPLEMENT FOR	R THE YEAR 20)16 OF THE Silve	Script Insuranc	e Company	0 0 0 0
DIRE	CT BUSINESS IN THE STATE OF New Hamp			·		E YEAR 2016
	Group Code 4667		LIFE INSURANCE	=		ny Code 12575
10,00	Group code +007	1	2	3	4	5
	DIRECT PREMIUMS		Credit Life (Group		·	•
	AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total
1.	Life insurance					
2.	Annuity considerations					
3.	Deposit-type contract funds		XXX		XXX	
4.	Other considerations					
5.	Totals (Sum of Lines 1 to 4)					
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
	6.1 Paid in cash or left on deposit					
	6.2 Applied to pay renewal premiums					
	6.3 Applied to provide paid-up additions or shorten					
	the endowment or premium-paying period					
	6.4 Other				-	
	6.5 Totals (sum of Line 6.1 to 6.4)					
	Annuities:					
	7.1 Paid in cash or left on deposit					
	7.2 Applied to provide paid-up annuities				-	
	7.3 Other					
	7.4 Totals (sum of Lines 7.1 to 7.3)					
8.	Grand Totals (Lines 6.5 plus 7.4)					
	DIRECT CLAIMS AND BENEFITS PAID Death benefits					
9.	Death benefits					
10.	Matured endowments					
11.	Annuity benefits					
12.	Surrender values and withdrawals for life contracts					
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid					
14.	All other benefits, except accident and health					
15.	Totals					
	DETAILS OF WRITE-INS					
1301.						
1302.						
1303.						
1398.	Summary of Line 13 from overflow page					
1200	Totale (Lines 1001 thru 1000 plus 1000) (Line 10					

		Ordinary		Credit Life and Individual)		Group		ndustrial		Total
DIRECT DEATH BENEFITS AND	1	2	3 No. of	4	5	6	7	8	9	10
MATURED ENDOWMENTS INCURRED	No.	Amount	Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year										
*										
18.2 By payment on compromised claims 18.3 Totals paid	,									
18.4 Reduction by compromise										
18.5 Amount rejected										
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT 20. In force December 31, prior year				(a)	of Policies					
21. Issued during year				(α <i>)</i>	<u> </u>				-	
22. Other changes to in force (Net)										
23. In force December 31 of current year				(a)						

above)

ACCIDENT AND HEALTH INSURANCE

(a) Includes Individual Credit Life Insurance prior year \$, current year \$ Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$

		1	2	3	4	5
			Direct Premiums	Dividends Paid Or Credited On Direct		Direct Losses
		Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24.	Group Policies (b)	Direct Fernians	Lamed	Dusiness	Direct Losses Fala	incurred
	Federal Employees Health Benefits Plan premium (b)					
24.2	Credit (Group and Individual)					
24.3	Collectively renewable policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees	10,405,555	9,759,013		8,063,443	6,762,462
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)					
	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
	All other (b)					
25.6	Totals (sum of Lines 25.1 to 25.5)	0	0	0	0	0
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	10,405,555	9,759,013	0	8,063,443	6,762,462



DIRECT BUSINESS IN TH NAIC Group Code 4667		n New dersey		LI	FE INSUR	ANCE	=			NG THE N Company	Code 12575
·	T PREMIUMS	2		1	2 Credit Life (G	roup		3	4		5
AND ANNUITY			Ord	inary	and Individu		Gr	oup	Industria	I	Total
Life insurance											
 Annuity considerations . Deposit-type contract fu 					XXX		T		XXX		
Other considerations											
5. Totals (Sum of Lines 1											
DIRECT DIVIDEND Life insurance:	S TO POLIC	YHOLDERS									
6.1 Paid in cash or left of	n denosit										
6.2 Applied to pay renev											
6.3 Applied to provide p											
the endowment or p											
6.5 Totals (sum of Line	6.1 to 6.4)						T		İ		
Annuities:											
7.1 Paid in cash or left of the cash of the cash o	n deposit	ioo							 		
7.2 Applied to provide p											
7.4 Totals (sum of Lines	7.1 to 7.3)										
8. Grand Totals (Lines 6.5											
9. Death benefits		-	W		<i>#</i> # '	4					
Matured endowments									†		
11. Annuity benefits											
12. Surrender values and w									 		
 Aggregate write-ins for and benefits paid 											
 All other benefits, except 											
15. Totals	10										
DETAILS OF WRITE-IN	-										
1302.											
1303											
1398. Summary of Line 13 fro	m overflow pa	age									
1399. Totals (Lines 1301 thru above)	1303 plus 13	98) (Line 13									
400107				Credit Life			I				
		Ordinary		p and Individ	ual)	Group	0	In	dustrial		Total
DIRECT DEATH BENEFITS AND	1	2	3	4	5		6	7	8	9	10
MATURED			No. of Ind.Pols.								
ENDOWMENTS			& Gr.		No. of						
INCURRED 16. Unpaid December 31, price	No.	Amount	Certifs.	Amour	nt Certifs.	A	mount	No.	Amount	No.	Amount
year											
17. Incurred during current year											
Settled during current year 18.1 By payment in full											
18.2 By payment on						***************************************					
compromised claim 18.3 Totals paid											
18.4 Reduction by					 						
compromise			\ -								
18.5 Amount rejected 18.6 Total settlements											
				-							
19. Unpaid Dec. 31. current											
19. Unpaid Dec. 31, current year (16+17-18.6)			V		IN						
year (16+17-18.6)			V		. of						
			1		of Policies	J					
year (16+17-18.6) POLICY EXHIBIT 20. In force December 31, price year	or		V	(a)							
year (16+17-18.6) POLICY EXHIBIT 20. In force December 31, price year	or		V	(a)							
year (16+17-18.6) POLICY EXHIBIT 20. In force December 31, price year	or		V	(a)							
year (16+17-18.6) POLICY EXHIBIT 20. In force December 31, price year	or		V								
year (16+17-18.6) POLICY EXHIBIT 20. In force December 31, price year 21. Issued during year 22. Other changes to in force (Net) 23. In force December 31 of current year	or		V	(a)							
year (16+17-18.6) POLICY EXHIBIT 20. In force December 31, pricy year	e Insurance pasurance Loa	orior year \$	ual to 60 m	(a), c	current year \$, cu	•		
year (16+17-18.6) POLICY EXHIBIT 20. In force December 31, price year	e Insurance pasurance Loa	orior year \$	ual to 60 m	(a), c	current year \$				•		
year (16+17-18.6) POLICY EXHIBIT 20. In force December 31, pricy year	e Insurance pasurance Loa	orior year \$ ns less than or ec UT NOT GREATE	ual to 60 m ER THAN 1	(a), cononths at issu	current year \$, cu	•		
year (16+17-18.6) POLICY EXHIBIT 20. In force December 31, pricy year	e Insurance pasurance Loa	orior year \$ ns less than or ec UT NOT GREATE	qual to 60 m R THAN 1.	(a), cononths at issu	current year \$ Je, prior year \$ S, prior year \$		RANCE	, cu	•		5
year (16+17-18.6) POLICY EXHIBIT 20. In force December 31, price year 21. Issued during year 22. Other changes to in force (Net) Current year a) Includes Individual Credit Life Includes Group Credit Life In	e Insurance pasurance Loa	orior year \$ ns less than or ec UT NOT GREATE	qual to 60 m R THAN 1.	(a), conths at issue 20 MONTHS	current year \$ Le, prior year \$ S, prior year \$ HEALTH II	NSUF	RANCE	, cu	rent year \$		
year (16+17-18.6) POLICY EXHIBIT 20. In force December 31, pricyear	e Insurance pasurance Loains at issue Bl	orior year \$ ns less than or ec UT NOT GREATE	jual to 60 m ER THAN 1.	(a), conths at issue 20 MONTHS	current year \$ ue, prior year \$ s, prior year \$ HEALTH II	NSUF	PANCE Dividence Credited	, cul , cul 3 Is Paid Or	rent year \$		5
year (16+17-18.6) POLICY EXHIBIT 20. In force December 31, pricyear 21. Issued during year 22. Other changes to in force (Net) 23. In force December 31 of current year a) Includes Individual Credit Life Includes Group Credit Life In Loans greater than 60 monti	e Insurance p surance Loa ns at issue Bl	orior year \$ ns less than or ec UT NOT GREATE	jual to 60 m ER THAN 1.	(a) , cononths at issue 20 MONTHS	current year \$ ue, prior year \$ 5, prior year \$ HEALTH II 2 Direct Premi	NSUF	PANCE Dividence Credited	3 S Paid Or On Direct	rent year \$		5 Direct Losses
year (16+17-18.6) POLICY EXHIBIT 20. In force December 31, pricyear	e Insurance p surance Loans at issue Bl	prior year \$ ns less than or ec UT NOT GREATE	qual to 60 m ER THAN 1 ACCIDE	(a) , cononths at issue 20 MONTHS	current year \$ ue, prior year \$ 5, prior year \$ HEALTH II 2 Direct Premi	NSUF	PANCE Dividence Credited	3 S Paid Or On Direct	rent year \$		5 Direct Losses
year (16+17-18.6) POLICY EXHIBIT 20. In force December 31, pricyear 21. Issued during year 22. Other changes to in force (Net) 23. In force December 31 of current year (a) Includes Individual Credit Lift Includes Group Credit Life In Loans greater than 60 month 24. Group Policies (b) 24.1 Federal Employees Heap premium (b) 24.2 Credit (Group and Individual Credit Compand Individual Credit Compand Individual Credit Life Includes Group Credit Group	e Insurance pasurance Loans at issue Bl	orior year \$ ns less than or ec UT NOT GREATE	qual to 60 m ER THAN 1 ACCIDE	(a) , c nonths at issu 20 MONTHS NT AND 1	current year \$ ue, prior year \$ 5, prior year \$ HEALTH II 2 Direct Premi	NSUF	PANCE Dividence Credited	3 S Paid Or On Direct	rent year \$		5 Direct Losses
year (16+17-18.6) POLICY EXHIBIT 20. In force December 31, pricyear 21. Issued during year 22. Other changes to in force (Net) 23. In force December 31 of current year a) Includes Individual Credit Lift Includes Group Credit Life In Loans greater than 60 month 24. Group Policies (b)	e Insurance pasurance Loans at issue Bl	orior year \$ns less than or ecut NOT GREATE	pual to 60 m ER THAN 1. ACCIDE!	(a) , c nonths at issue 20 MONTHS NT AND 1	current year \$ ue, prior year \$ s, prior year \$ HEALTH II 2 Direct Premi	NSUF ums	PANCE Dividenc Credited Bus	3 S Paid Or On Direct	Trent year \$ 4 Direct Losses	Paid	5 Direct Losses Incurred
year (16+17-18.6) POLICY EXHIBIT 20. In force December 31, price year 21. Issued during year 22. Other changes to in force (Net) 23. In force December 31 of current year a) Includes Individual Credit Lift Includes Group Credit Life In Loans greater than 60 month 24. Group Policies (b) 24.1 Federal Employees Heat premium (b) 24.2 Credit (Group and Individual Credit Coredit (Group and Individual Credit Coredit (Group and Individual Credit (Group and Individual Credit (Group and Individual Collectively renewable year) 24.4 Medicare Title XVIII execution	e Insurance pasurance Loans at issue Blatth Benefits Fidual)	orior year \$ns less than or ecut NOT GREATE	pual to 60 m ER THAN 1. ACCIDE!	(a), conths at issue 20 MONTHS NT AND 1	current year \$ Je, prior year \$ S, prior year \$ HEALTH II 2 Direct Premi	NSUF ums	PANCE Dividenc Credited Bus	3 ds Paid Or On Direct iness	Prent year \$	Paid	5 Direct Losses Incurred
year (16+17-18.6) POLICY EXHIBIT 20. In force December 31, price year 21. Issued during year 22. Other changes to in force (Net) 23. In force December 31 of current year a) Includes Individual Credit Lift Includes Group Credit Life	e Insurance pasurance Loans at issue Blantin Benefits Fidual)	prior year \$	pual to 60 m ER THAN 1. ACCIDE! Direct P	(a) , c nonths at issue 20 MONTHS NT AND 1	current year \$ ue, prior year \$ s, prior year \$ HEALTH II 2 Direct Premi	NSUF ums	PANCE Dividenc Credited Bus	3 ds Paid Or On Direct iness	Trent year \$ 4 Direct Losses	Paid	5 Direct Losses Incurred
year (16+17-18.6) POLICY EXHIBIT 20. In force December 31, pricyear	e Insurance pasurance Loans at issue Bl	prior year \$	pual to 60 m ER THAN 1. ACCIDE! Direct P	(a) , c nonths at issue 20 MONTHS NT AND 1 Premiums 03,903,666	current year \$ ue, prior year \$ s, prior year \$ HEALTH II 2 Direct Premi	NSUF ums	PANCE Dividenc Credited Bus	3 ds Paid Or On Direct iness	Trent year \$ 4 Direct Losses	Paid	5 Direct Losses Incurred
year (16+17-18.6) POLICY EXHIBIT 20. In force December 31, pricyear 21. Issued during year 22. Other changes to in force (Net) 23. In force December 31 of current year (a) Includes Individual Credit Lift Includes Group Credit Life In Loans greater than 60 month 24. Group Policies (b) 24.1 Federal Employees Heap remium (b) 24.2 Credit (Group and Individual Credit Value) 24.4 Medicare Title XVIII executively renewable promium (b) 25.1 Non-cancelable (b) 25.2 Guaranteed renewable 25.3 Non-renewable for state	e Insurance pasurance Loans at issue Bluellians orior year \$ ns less than or ecut NOT GREATE Plan te taxes or fees	pual to 60 m ER THAN 1. ACCIDE! Direct P	(a), conths at issue 20 MONTHS NT AND 1	current year \$ ue, prior year \$ s, prior year \$ HEALTH II 2 Direct Premi	NSUF ums	PANCE Dividenc Credited Bus	3 ds Paid Or On Direct iness	Trent year \$ 4 Direct Losses	Paid	5 Direct Losses Incurred	
year (16+17-18.6) POLICY EXHIBIT 20. In force December 31, price year	e Insurance pasurance Loans at issue Bland in the state of the state o	orior year \$	pual to 60 m ER THAN 1. ACCIDE!	(a), c nonths at issue 20 MONTHS NT AND 1 **remiums** 03,903,666	current year \$ ue, prior year \$ s, prior year \$ HEALTH II 2 Direct Premi	NSUF ums	PANCE Dividenc Credited Bus	3 ds Paid Or On Direct iness	Trent year \$ 4 Direct Losses	Paid	5 Direct Losses
year (16+17-18.6) POLICY EXHIBIT 20. In force December 31, price year	e Insurance pasurance Loans at issue Bland in the state of the state o	Plan te taxes or fees	pual to 60 m ER THAN 1. ACCIDE! Direct P	(a), c nonths at issue 20 MONTHS NT AND 1	purrent year \$ Je, prior year \$ S, prior year \$ HEALTH II 2 Direct Premi Earned	WSUF ums 	PANCE Dividenc Credited Bus	3 Is Paid Or On Direct iness	Trent year \$ 4 Direct Losses	Paid	5 Direct Losses Incurred
year (16+17-18.6) POLICY EXHIBIT 20. In force December 31, price year	e Insurance pasurance Loans at issue Blanth Benefits Fidual)	Plan te taxes or fees	pual to 60 m ER THAN 1. ACCIDE!	(a), c nonths at issue 20 MONTHS NT AND 1	current year \$ Je, prior year \$ S, prior year \$ HEALTH II 2 Direct Premi Earned	WSUF ums 	PANCE Dividence Credited Bus	3 ds Paid Or On Direct iness	Direct Losses	Paid	5 Direct Losses Incurred

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	CT BUSINESS IN THE Group Code 4667	STATE O	F New Mexico)	LI	FE II	NSURA	ANCE	=				YEAR 2016 y Code 12575
1,110	•	PREMIUMS	,		1		2			3	4	Compan	5
	AND ANNUITY C			Ordi	inary		dit Life (G nd Individu		Gı	roup	Industri	al	Total
1.	Life insurance												
2. 3.	Annuity considerations Deposit-type contract fund						XXX				XXX		
4.	Other considerations												
5.	Totals (Sum of Lines 1 to	4)											
	DIRECT DIVIDENDS Life insurance:	TO POLIC	YHOLDERS										
1	6.1 Paid in cash or left on	deposit											
	6.2 Applied to pay renewa	l premiums											
1	6.3 Applied to provide paid the endowment or pre												
	6.4 Other	iiiiuiii-payii											
	6.5 Totals (sum of Line 6.1												
	Annuities: 7.1 Paid in cash or left on	donocit											
	7.2 Applied to provide paid	•											
	7.3 Other			\									
۰	7.4 Totals (sum of Lines 7 Grand Totals (Lines 6.5 pl	,				7							
8.	DIRECT CLAIMS A		FITS PAID	- 1 -1		┲	-8-7	\forall					
9.	Death benefits												
10.	Matured endowments												
11. 12.	•												
	Aggregate write-ins for mis								L		-†		
	and benefits paid												
	All other benefits, except a Totals	accident an	u пеакп						L				
	DETAILS OF WRITE-INS												
1302.													
1398.	Summary of Line 13 from	overflow pa											
	Totals (Lines 1301 thru 13		•										
<u> </u>	above)												
			Ordinani		Credit Life and Individ	luol)		Groun	_		ndustrial		Total
	DIRECT DEATH	1	Ordinary 2	3	4	uai)	5	Group	6	7	ndustrial 8	9	Total 10
	BENEFITS AND MATURED			No. of									
	ENDOWMENTS			Ind.Pols. & Gr.			No. of						
10 1	INCURRED Inpaid December 31, prior	No.	Amount	Certifs.	Amour	nt	Certifs.	Α	mount	No.	Amount	No.	Amount
	year												
17. In	curred during current year												
	ettled during current year: 8.1 By payment in full												
	8.2 By payment on												
	compromised claims 8.3 Totals paid												
	8.4 Reduction by												
	compromise			\									
	8.5 Amount rejected 8.6 Total settlements		·	\									
	npaid Dec. 31, current	*						7					
<u> </u>	year (16+17-18.6)						of						
	POLICY EXHIBIT						Policies						
	force December 31, prior				()								
	yearsued during year				(a)		İ	L		1			
22. O	ther changes to in force					. ,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
	(Net) n force December 31 of						†			+			
(current year				(a)								
	udes Individual Credit Life I				, C						.		
	udes Group Credit Life Insuns greater than 60 months										ırrent year \$ ırrent year \$		
						•	•			,	,		
			Α		NT AND	пЕА	<u> </u>	10CF		3	4	<u> </u>	5
					'		_			ds Paid Or	4		-
				Direct P	remiums	Dire	ect Premit Earned	ums		On Direct	Direct Losse	e Paid	Direct Losses Incurred
24.	Group Policies (b)			שוופטו ר			Lameu		Dus	,	ביופטו בטסטפ	o i aiu	uneu
24.1	Federal Employees Health												
24.2	premium (b) Credit (Group and Individu			 		l							
24.3	Collectively renewable pol	icies (b)											
24.4	Medicare Title XVIII exemp	ot from stat	e taxes or fees		20,959,928		21,49	99,339			15,	377,735	12,843,473
25 1	Other Individual Policies: Non-cancelable (b)												
	. ,											l	
25.2	Guaranteeu renewable (b)												
25.3	Non-renewable for stated												
25.3 25.4	Non-renewable for stated Other accident only												
25.3 25.4 25.5	Non-renewable for stated Other accident only All other (b)												
25.3 25.4 25.5 25.6	Non-renewable for stated Other accident only	to 25.5)											

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S	UPPLE	MENT FOR	THE Y	EAR 201	6 OF	 	Silve	5 7 5 rScript I	nsuranc	e Compar	1	3 0 0 0
DIRECT BUSINESS IN THE S NAIC Group Code 4667	STATE O	F New York		LI	FE IN	ISUR/	ANCE	.		_		YEAR 2016 ny Code 12575
,	REMIUMS			1 linary		2 it Life (Gi Individu			3 oup	4 Industr		5 Total
Life insurance Annuity considerations												
Deposit-type contract fund Other considerations						XXX				xxx		
5. Totals (Sum of Lines 1 to 4	1)											
Life insurance:												
6.1 Paid in cash or left on a 6.2 Applied to pay renewal												
6.3 Applied to provide paid the endowment or pre	l-up additio	ns or shorten										
6.4 Other												
6.5 Totals (sum of Line 6.1 Annuities:	,											
7.1 Paid in cash or left on o7.2 Applied to provide paid	•											
7.3 Other 7.4 Totals (sum of Lines 7.			\			 -						
8. Grand Totals (Lines 6.5 plu	us 7.4)											
9. Death benefits			V			\						
Matured endowments Annuity benefits						<u> </u>						
12. Surrender values and with13. Aggregate write-ins for mis	drawals for	life contracts										
and benefits paid												
14. All other benefits, except a15. Totals	ccident and	nealth										
DETAILS OF WRITE-INS 1301.												
1302.												
1303 1398. Summary of Line 13 from 0	overflow pa	ge										
1399. Totals (Lines 1301 thru 130 above)	03 plus 139	98) (Line 13										
	(Ordinary		Credit Life p and Individ	ual)		Group	1	In	dustrial		Total
DIRECT DEATH BENEFITS AND	1	2	3 No. of	4	uuij	5	Group	6	7	8	9	10
MATURED ENDOWMENTS			Ind.Pols. & Gr.			No. of						
INCURRED 16. Unpaid December 31, prior	No.	Amount	Certifs.	Amour	nt	Certifs.	Ar	mount	No.	Amount	No.	Amount
year							·					
 Incurred during current year Settled during current year: 												
18.1 By payment in full 18.2 By payment on												
compromised claims 18.3 Totals paid												
18.4 Reduction by compromise												
18.5 Amount rejected							}					
18.6 Total settlements												
year (16+17-18.6)			$+\mathbf{W}$. of						
POLICY EXHIBIT 20. In force December 31, prior						Policies	_					
year 21. Issued during year				.(a)								
22. Other changes to in force (Net)												
23. In force December 31 of current year				(a)								
(a) Includes Individual Credit Life In Includes Group Credit Life Insu		•							, cur	rent vear \$		
Loans greater than 60 months			•						, cur	-		
				NT AND	HEAL	<u> </u>	<u>ISUF</u>		3	T 4	1	5
				1	Divo	zt Premiu		Dividend	s Paid Or	4		
			Direct P	remiums		Earned	ıms		On Direct iness	Direct Loss	es Paid	Direct Losses Incurred
24. Group Policies (b)24.1 Federal Employees Health	Benefits P	lan			l						·	
premium (b)24.2 Credit (Group and Individu												
24.3 Collectively renewable poli 24.4 Medicare Title XVIII exemp	cies (b)			96.878.211		200.75	3 574			174		146,421,154
Other Individual Policies:				, ,		200,10	.5,574			1/4	,557,000	170,721, 134
25.1 Non-cancelable (b)25.2 Guaranteed renewable (b)												
25.3 Non-renewable for stated r 25.4 Other accident only	easons onl	ly (b)									·····	
LO.T OUTO ACCIDENT OF ITY												
25.5 All other (b)												
 25.5 All other (b) 25.6 Totals (sum of Lines 25.1 the second	to 25.5)					200,75			0	174	0	0

insured under indemnity only products



DIRECT BUSINESS IN THE NAIC Group Code 4667	STATE O	F North Caroli	na	LI	FE I	NSUR	ANCE	≣				YEAR 2016 Code 12575
·	PREMIUMS	s		1		2 dit Life (G			3	4		5
AND ANNUITY C			Ordi	nary	ar	nd Individu	ıal)	Gr	oup	Industria	ı	Total
Life insurance Annuity considerations												
Deposit-type contract fund		r				XXX				xxx		
Other considerations												
5. Totals (Sum of Lines 1 to												
DIRECT DIVIDENDS	TO POLIC	YHOLDERS										
Life insurance: 6.1 Paid in cash or left on	donocit											
6.2 Applied to pay renewa												
6.3 Applied to provide paid		ľ										
the endowment or pre												
6.5 Totals (sum of Line 6.	1 to 6.4)											
Annuities: 7.1 Paid in cash or left on	donocit											
7.1 Applied to provide paid												
7.3 Other												
7.4 Totals (sum of Lines 7												
Grand Totals (Lines 6.5 pl												
DIRECT CLAIMS A			W									
Death benefits Metured and summents					J	<u></u>						
 Matured endowments Annuity benefits 												
Annuity benefits 12. Surrender values and with		r i										
Aggregate write-ins for mis		F									<u> </u>	
and benefits paid												
14. All other benefits, except a	accident and	d health						 				
15. Totals												
DETAILS OF WRITE-INS										1		
1302.											<u> </u>	
1303.												
1398. Summary of Line 13 from	overflow pa	ige										
1399. Totals (Lines 1301 thru 13	03 plus 139	98) (Line 13										
above)								l				
		Ordinary		Credit Life and Individ	ual)		Grour	2		nductrial		Total
DIRECT DEATH	1	Ordinary 2	3	4	uai)	5	Group	6	7	ndustrial 8	9	10tai
BENEFITS AND		_	No. of					Ü	•	Ü		
MATURED ENDOWMENTS			Ind.Pols.									
INCURRED	No.	Amount	& Gr. Certifs.	Amour	nt	No. of Certifs.	A	mount	No.	Amount	No.	Amount
16. Unpaid December 31, prior	110.	7 tillodite	Oortino.	7111001		OUTUIO.	,,	mount	110.	ranodin	140.	7 tillount
year												
17. Incurred during current year Settled during current year:						+						
18.1 By payment in full												
18.2 By payment on	*											
compromised claims												
18.3 Totals paid											-	
18.4 Reduction by compromise												
18.5 Amount rejected												
18.6 Total settlements												
19. Unpaid Dec. 31, current												
year (16+17-18.6)			- 1			. of						
POLICY EXHIBIT						Policies						
20. In force December 31, prior				()								
year	 			(a)		†			 		†	
22. Other changes to in force						†			†		†	
(Net)	ļ					4			ļļ			
23. In force December 31 of				(2)								
current year (a) Includes Individual Credit Life I	nsurance n	rior vear \$		(a)	urrent	vear \$					1	
Includes Group Credit Life Insu		•				•			, CI	urrent year \$		
Loans greater than 60 months										urrent year \$		
		٨	CCIDE	NT AND	HE/	11 TH II	NSI IE	RANCE				
				1 AND		2 2	1001		3	4		5
						_		Dividend	ls Paid Or			-
			Direct D	romiumo	Dir	ect Premi	ums		On Direct		. Daid	Direct Losses
24. Group Policies (b)			Direct P	remiums		Earned		Bus	iness	Direct Losses	raio	Incurred
24.1 Federal Employees Health	n Benefits P	Plan			L			ļ		-	·	
premium (b)								ļ		-		
24.2 Credit (Group and Individu	ıal)							ļ		- }		
24.3 Collectively renewable pol24.4 Medicare Title XVIII exem				20 420 202		100.05	M 600	l		440.0	 50 120	00 004 070
Other Individual Policies:	pi แบก รเสโ	e lanes UI IEES	1	28,429,302		128,05	94,082	<u> </u>		110,8	JU, IJB	93,004,678
25.1 Non-cancelable (b)								<u> </u>		. L		
25.2 Guaranteed renewable (b)												
25.3 Non-renewable for stated	reasons on	ly (b)										
25.4 Other accident only												
25.5 All other (b)												
25.6 Totals (sum of Lines 25.1						400.00						0
26. Totals (Lines 24 + 24.1 + 2				28,429,302	DDC		4,682	 			50,138	93,004,678
(b) For health business on indi	cated lines	report: Number of	ot persons i	nsured unde	er PPC	managed	care p	products		U and	number of	r persons

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IC Group Code 4667					INSURANC			NAIC	Company	Code 12
DIRECT P			1	Cr	2 redit Life (Group		3	4		5
AND ANNUITY CO			Ordir		and Individual)	Gr	roup	Industria	ıl	Total
Life insurance		T-								
Deposit-type contract funds					XXX					
. Other considerations		T-								
. Totals (Sum of Lines 1 to 4										
DIRECT DIVIDENDS	,	LDERS								
Life insurance:										
6.1 Paid in cash or left on c	•									
6.2 Applied to pay renewal										
6.3 Applied to provide paid- the endowment or prer	mium-paying pe	riod								
6.4 Other 6.5 Totals (sum of Line 6.1	to 6.4)									
Annuities:										
7.1 Paid in cash or left on c										
7.2 Applied to provide paid										
7.3 Other			\ 							
7.4 Totals (sum of Lines 7.		-		- T						
. Grand Totals (Lines 6.5 plu DIRECT CLAIMS AN		DAID	1							
Death benefits										
Matured endowments			T							
. Annuity benefits										
2. Surrender values and without										
B. Aggregate write-ins for mis	cellaneous dire	ct claims							1	
and benefits paid										
 All other benefits, except as Tatala 	ccident and hea	uth								
5. Totals DETAILS OF WRITE-INS										
)1										
02										
03.										
						<u> </u>				
98. Summary of Line 13 from o	overflow page									
98. Summary of Line 13 from o 99. Totals (Lines 1301 thru 130										
98. Summary of Line 13 from o										
98. Summary of Line 13 from o 99. Totals (Lines 1301 thru 130	03 plus 1398) (L	ine 13		Credit Life						
98. Summary of Line 13 from o 99. Totals (Lines 1301 thru 130 above)	03 plus 1398) (L Ordin	ary	(Group	Credit Life and Individual)	Gro			ndustrial		Total
98. Summary of Line 13 from o 99. Totals (Lines 1301 thru 130 above) DIRECT DEATH	03 plus 1398) (L	ine 13	(Group	Credit Life	Gro	up 6	7	ndustrial 8	9	Total 10
98. Summary of Line 13 from o 99. Totals (Lines 1301 thru 130 above)	03 plus 1398) (L Ordin	ary	(Group 3 No. of	Credit Life and Individual)					9	
98. Summary of Line 13 from of 29. Totals (Lines 1301 thru 130 above) DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS	03 plus 1398) (L Ordin	ary	(Group	Credit Life and Individual)					9	
8. Summary of Line 13 from of 9. Totals (Lines 1301 thru 130 above) DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	03 plus 1398) (L Ordin	ary	(Group 3 No. of Ind.Pols.	Credit Life and Individual)	5 No. of				9 No.	10
98. Summary of Line 13 from of 199. Totals (Lines 1301 thru 130 above) DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED Unpaid December 31, prior	O3 plus 1398) (L Ordin 1 No.	ine 13	(Group 3 No. of Ind.Pols. & Gr.	Credit Life and Individual) 4	5 No. of	6	7	8		10
98. Summary of Line 13 from of 199. Totals (Lines 1301 thru 130 above) DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED Unpaid December 31, prior year	O3 plus 1398) (L Ordin	ine 13	(Group 3 No. of Ind.Pols. & Gr.	Credit Life and Individual) 4	5 No. of	6	7	8		10
18. Summary of Line 13 from of 19. Totals (Lines 1301 thru 130 above) DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED Unpaid December 31, prior year	O3 plus 1398) (L Ordin 1 No.	ine 13	(Group 3 No. of Ind.Pols. & Gr.	Credit Life and Individual) 4	5 No. of	6	7	8		10
98. Summary of Line 13 from of 199. Totals (Lines 1301 thru 130 above) DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED Unpaid December 31, prior year	O3 plus 1398) (L Ordin 1 No.	ine 13	(Group 3 No. of Ind.Pols. & Gr.	Credit Life and Individual) 4	5 No. of	6	7	8		10
98. Summary of Line 13 from of 199. Totals (Lines 1301 thru 130 above) DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED Unpaid December 31, prior year Incurred during current year:	O3 plus 1398) (L Ordin 1 No.	ine 13	(Group 3 No. of Ind.Pols. & Gr.	Credit Life and Individual) 4	5 No. of	6	7	8		10
98. Summary of Line 13 from of 199. Totals (Lines 1301 thru 130 above) DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED Unpaid December 31, prior year	O3 plus 1398) (L Ordin 1 No.	ine 13	(Group 3 No. of Ind.Pols. & Gr.	Credit Life and Individual) 4	5 No. of	6	7	8		
98. Summary of Line 13 from of 199. Totals (Lines 1301 thru 130 above) DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED Unpaid December 31, prior year	O3 plus 1398) (L Ordin 1 No.	ine 13	(Group 3 No. of Ind.Pols. & Gr.	Credit Life and Individual) 4	5 No. of	6	7	8		10
28. Summary of Line 13 from of 29. Totals (Lines 1301 thru 130 above) DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED Unpaid December 31, prior year. Incurred during current year: 18.1 By payment in full	O3 plus 1398) (L Ordin 1 No.	ine 13	(Group 3 No. of Ind.Pols. & Gr.	Credit Life and Individual) 4	5 No. of	6	7	8		10
28. Summary of Line 13 from of 29. Totals (Lines 1301 thru 130 above) DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED Unpaid December 31, prior year	O3 plus 1398) (L Ordin 1 No.	ine 13	(Group 3 No. of Ind.Pols. & Gr.	Credit Life and Individual) 4	5 No. of	6	7	8		10
28. Summary of Line 13 from of 29. Totals (Lines 1301 thru 130 above) DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED Unpaid December 31, prior year	O3 plus 1398) (L Ordin 1 No.	ine 13	(Group 3 No. of Ind.Pols. & Gr.	Credit Life and Individual) 4	5 No. of	6	7	8		10
18. Summary of Line 13 from of 19. Totals (Lines 1301 thru 130 above) DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED Unpaid December 31, prior year	O3 plus 1398) (L Ordin 1 No.	ine 13	(Group 3 No. of Ind.Pols. & Gr.	Credit Life and Individual) 4	5 No. of	6	7	8		10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED Unpaid December 31, prior year Settled during current year: 18.1 By payment in full 18.2 By payment on compromised claims 18.3 Totals paid 18.4 Reduction by compromise 18.5 Amount rejected 18.6 Total settlements	O3 plus 1398) (L Ordin 1 No.	ine 13	(Group 3 No. of Ind.Pols. & Gr.	Credit Life and Individual) 4	5 No. of	6	7	8		10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED Unpaid December 31, prior year Incurred during current year: 18.1 By payment in full 18.2 By payment on compromised claims 18.4 Reduction by compromise 18.5 Amount rejected 18.6 Total settlements Unpaid Dec. 31, current year (16+17-18.6)	O3 plus 1398) (L Ordin 1 No.	ine 13	(Group 3 No. of Ind.Pols. & Gr.	Credit Life and Individual) 4	No. of Certifs.	6	7	8		10
28. Summary of Line 13 from of 29. Totals (Lines 1301 thru 130 above) DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED Unpaid December 31, prior year	O3 plus 1398) (L Ordin 1 No.	ine 13	(Group 3 No. of Ind.Pols. & Gr.	Credit Life and Individual) 4	No. of Certifs.	6	7	8		10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED Unpaid December 31, prior year Incurred during current year: 18.1 By payment in full 18.2 By payment on compromised claims 18.3 Totals paid 18.4 Reduction by compromise 18.5 Amount rejected 18.6 Total settlements Unpaid Dec. 31, current year (16+17-18.6) POLICY EXHIBIT In force December 31, prior	O3 plus 1398) (L Ordin 1 No.	ine 13	(Group 3 No. of Ind.Pols. & Gr. Certifs.	Credit Life and Individual) 4	No. of Certifs.	6	7	8		10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED Unpaid December 31, prior year Settled during current year: 18.1 By payment in full 18.2 By payment on compromised claims 18.3 Totals paid 18.4 Reduction by compromise 18.5 Amount rejected 18.6 Total settlements Unpaid Dec. 31, current year (16+17-18.6) POLICY EXHIBIT In force December 31, prior year	O3 plus 1398) (L Ordin 1 No.	ine 13	(Group 3 No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	6	7	8		10
28. Summary of Line 13 from of 29. Totals (Lines 1301 thru 130 above) DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED Unpaid December 31, prior year. Incurred during current year: 18.1 By payment in full. 18.2 By payment on compromised claims. 18.3 Totals paid	O3 plus 1398) (L Ordin 1 No.	ine 13	(Group 3 No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	6	7	8		10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED Unpaid December 31, prior year Incurred during current year: 18.1 By payment in full 18.2 By payment on compromised claims 18.3 Totals paid 18.4 Reduction by compromise 18.5 Amount rejected 18.6 Total settlements Unpaid Dec. 31, current year (16+17-18.6) POLICY EXHIBIT In force December 31, prior year Issued during year Other changes to in force (Net)	O3 plus 1398) (L Ordin 1 No.	ine 13	(Group 3 No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	6	7	8		10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED Unpaid December 31, prior year Incurred during current year: 18.1 By payment in full 18.2 By payment on compromised claims 18.3 Totals paid 18.4 Reduction by compromise 18.5 Amount rejected 18.6 Total settlements Unpaid Dec. 31, current year (16+17-18.6) POLICY EXHIBIT In force December 31, prior year Issued during year Other changes to in force	O3 plus 1398) (L Ordin 1 No.	ine 13	(Group 3 No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	6	7	8		10

ACCIDENT AND HEALTH INSURANCE

		1	2	3	4	5
			Direct Bremiums	Dividends Paid Or Credited On Direct		Direct Lesses
		Direct Premiums	Direct Premiums Earned	Business	Direct Losses Paid	Direct Losses Incurred
24.	Group Policies (b)	Birott romanio	Lamod	Buoinoco	Biroot Lococo i aid	mountou
	Federal Employees Health Benefits Plan premium (b)					
24.2	Credit (Group and Individual)					
24.3	Collectively renewable policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees	13,441,939	13,310,871		11, 114, 241	9,313,658
	Other Individual Policies:					
25.1	Non-cancelable (b)					
	Guaranteed renewable (b)					
	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
	All other (b)					
25.6	Totals (sum of Lines 25.1 to 25.5)	0	0	0	0	0
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	13.441.939	13,310,871	0	11.114.241	9.313.658



DIRECT BUSINESS IN THE NAIC Group Code 4667	STATE O	F Ohio		LI	FE II	NSURA	ANCE	=		_		'EAR 2016 Code 12575
•	PREMIUMS	3		1		2 dit Life (G			3	4		5
AND ANNUITY (Ordi	inary		<u>ıd Individu</u>		Gr	oup	Industria	ıl	Total
Life insurance Annuity considerations												
 Annuity considerations Deposit-type contract fund 						XXX				XXX		
Other considerations												
5. Totals (Sum of Lines 1 to										-		
DIRECT DIVIDENDS		YHOLDERS										
Life insurance:	J = . •									1		
6.1 Paid in cash or left on	deposit											
6.2 Applied to pay renewa	al premiums											
6.3 Applied to provide pai												
the endowment or pre												
6.4 Other 6.5 Totals (sum of Line 6.										+		
Annuities:	1 10 6.4)											
7.1 Paid in cash or left on	deposit											
7.2 Applied to provide pai										-		
7.3 Other												
7.4 Totals (sum of Lines 7	7.1 to 7.3)											
8. Grand Totals (Lines 6.5 p	lus 7.4)											
DIRECT CLAIMS A	AND BENEI	FITS PAID					7					
9. Death benefits					4		.			4		
Matured endowments												
11. Annuity benefits												
12. Surrender values and with										+		
 Aggregate write-ins for many and benefits paid 										1		
14. All other benefits, except										†		
15. Totals										1		
DETAILS OF WRITE-INS	;									1		
1301.												
1302												
1303												
1398. Summary of Line 13 from		•										
1399. Totals (Lines 1301 thru 13	303 plus 139	98) (Line 13										
above)												
				Credit Life			_					
DIRECT DEATH	1	Ordinary 2	(Group	p and Individ	ual)	5	Group	<u>6</u>	7	ndustrial 8	9	Total 10
BENEFITS AND	ı	2	No. of	4		5		ь	/	8	9	10
MATURED			Ind.Pols.									
ENDOWMENTS			& Gr.			No. of						
INCURRED	No.	Amount	Certifs.	Amour	nt	Certifs.	Α	mount	No.	Amount	No.	Amount
16. Unpaid December 31, prior												
year 17. Incurred during current year									**********			
Settled during current year:									T			
18.1 By payment in full	-											
18.2 By payment on												
compromised claims												
18.3 Totals paid									 			
18.4 Reduction by compromise												
18.5 Amount rejected			\									
18.6 Total settlements		`			1							
19. Unpaid Dec. 31, current							7 "					
year (16+17-18.6)							. ` _					
						. of						
POLICY EXHIBIT						Policies						
20. In force December 31, prior year				(a)								
21. Issued during year				\~,		I			I			
22. Other changes to in force												
(Net)		ļ		 		 	L				-	
23. In force December 31 of				(a)								
current year a) Includes Individual Credit Life	Ingurance n	rior vear \$		(a), c	urront	vear ¢			1		1	
Includes Group Credit Life Ins		•				•				rrent year \$		
Loans greater than 60 months												
<u>.</u>									, , , ,	, ,		
		Δ		NT AND	HEA		NSUF				-	
				1		2			3 Is Paid Or	4		5
					Dire	ect Premiu	ıms		On Direct			Direct Losses
			Direct P	remiums	2	Earned			iness	Direct Losses	s Paid	Incurred
24. Group Policies (b)												
24.1 Federal Employees Healt												
premium (b)										-		
24.2 Credit (Group and Individ												
24.3 Collectively renewable po24.4 Medicare Title XVIII exem				/3 03/ 755		140 50	7 600			115 0	00 000	06 066 00
Other Individual Policies:	pi iioiii siat	e lands of 1662	L	43,034,755		142,56	800, n			115,2	∪8,88U	96,866,00
25.1 Non-cancelable (b)												
25.2 Guaranteed renewable (b)												
25.3 Non-renewable for stated												
25.4 Other accident only											····	
25.5 All other (b)												
25.5 All other (b)							n		n		0	
 25.5 All other (b)	to 25.5)						0		0		0	96,866,00

insured under indemnity only products0 .



DIRECT BUSINESS IN THE S NAIC Group Code 4667	TATE O	F Oklahoma		LI	FE I	NSUR	ANCE	E				YEAR 2016 Code 12575
·	DEMILING.			1		2			3	4	Company	5
DIRECT PI AND ANNUITY CO			Ordi	inary		dit Life (G nd Individu		Gr	roup	Industria	ıl	Total
Life insurance												
Annuity considerations Deposit-type contract funds						XXX						
Other considerations												
5. Totals (Sum of Lines 1 to 4))											
DIRECT DIVIDENDS T	O POLIC	YHOLDERS										
Life insurance: 6.1 Paid in cash or left on d	eposit											
6.2 Applied to pay renewal	premiums											
6.3 Applied to provide paid- the endowment or pren												
6.4 Other	payii											
6.5 Totals (sum of Line 6.1												
Annuities: 7.1 Paid in cash or left on d	enosit											
7.2 Applied to provide paid-	•											
7.3 Other			\									
7.4 Totals (sum of Lines 7.1 8. Grand Totals (Lines 6.5 plu	,				-							
DIRECT CLAIMS AN		ITS PAID	7			\blacksquare	\forall					
9. Death benefits					4							
10. Matured endowments												
Annuity benefits Surrender values and withd		i i										
13. Aggregate write-ins for misc	cellaneous	direct claims									1	
and benefits paid 14. All other benefits, except ac												
15. Totals												
DETAILS OF WRITE-INS												
1301. 1302.												
1303.												
1398. Summary of Line 13 from o	verflow pa	ıge										
1399. Totals (Lines 1301 thru 130 above)	3 plus 139	98) (Line 13										
,				Credit Life						•	1	
		Ordinary	(Group	and Individ	lual)		Group			ndustrial		Total
DIRECT DEATH BENEFITS AND	1	2	3 No. of	4		5		6	7	8	9	10
MATURED			Ind.Pols.									
ENDOWMENTS INCURRED	No.	Amount	& Gr. Certifs.	Amour	nt	No. of Certifs.	Δ	mount	No.	Amount	No.	Amount
16. Unpaid December 31, prior	140.	Alliount	OCITIIS.	7111001		OCITIIS.		inount	140.	Amount	140.	Amount
year17. Incurred during current year												
Settled during current year:						1						
18.1 By payment in full												
18.2 By payment on compromised claims												
18.3 Totals paid												
18.4 Reduction by compromise												
18.5 Amount rejected			.									
18.6 Total settlements												
year (16+17-18.6)												
POLICY EXHIBIT						of Policies						
20. In force December 31, prior						Folicies						
year				(a)			 		+			
21. Issued during year 22. Other changes to in force						+			†			
(Net)23. In force December 31 of												
current year				(a)								
(a) Includes Individual Credit Life In				, C								
Includes Group Credit Life Insur Loans greater than 60 months a										ırrent year \$ ırrent year \$		
					•	•			,	,		
		<u> </u>		NT AND	116	2 2	1001		3	4		5
					D:	_	ıma	Dividend	ds Paid Or			-
			Direct P	remiums	Dir	ect Premit Earned	ums		On Direct	Direct Losses	s Paid	Direct Losses Incurred
24. Group Policies (b)												
24.1 Federal Employees Health premium (b)												
24.2 Credit (Group and Individua	al)											
24.3 Collectively renewable police						E0 00	00 040				00 007	00 454 004
24.4 Medicare Title XVIII exempt Other Individual Policies:	ırom stat	e taxes or fees		58,566,793		59,08	50,818	<u> </u>		47,1	02,20/	39,454,894
25.1 Non-cancelable (b)												
25.2 Guaranteed renewable (b)								ļ		.		
25.3 Non-renewable for stated re 25.4 Other accident only								}				
25.5 All other (b)												
25.6 Totals (sum of Lines 25.1 to	25.5)			0			0	ļ	0		0	0
26. Totals (Lines 24 + 24.1 + 24.1)				58,566,793			30,818	<u></u>	0	47,1	82,267	39,454,894
(b) For health business on indicating insured under indemnity and			ot persons i	nsured unde	er PPC	managed	care p	products		0 and	number o	r persons

LS206.OK

insured under indemnity only products



DIRECT BUSINESS IN THE S NAIC Group Code 4667	STATE O	F Oregon		LI	FE IN	NSUR	ANCE	E				YEAR 2016 ny Code 12575
DIRECT P	DEMILIMS			1	Cros	2 dit Life (G	roup	;	3	4		5
AND ANNUITY CO			Ordi	inary		d Individu		Gr	oup	Indust	rial	Total
1. Life insurance												
Annuity considerations Deposit-type contract funds											,	
Other considerations											`	
5. Totals (Sum of Lines 1 to 4	,											
DIRECT DIVIDENDS 1	LO BOLIC	YHOLDERS										
Life insurance: 6.1 Paid in cash or left on c	lenosit											
6.2 Applied to pay renewal												
6.3 Applied to provide paid												
the endowment or prer 6.4 Other												
6.5 Totals (sum of Line 6.1	to 6.4)											
Annuities:												
7.1 Paid in cash or left on c	deposit											
7.2 Applied to provide paid 7.3 Other												
7.4 Totals (sum of Lines 7.					7							
8. Grand Totals (Lines 6.5 plu												
DIRECT CLAIMS AN			W									
Death benefits Matured endowments					-		-					
11. Annuity benefits												
12. Surrender values and without	drawals for	life contracts										
13. Aggregate write-ins for mis												
and benefits paid												
15. Totals												
DETAILS OF WRITE-INS												
1301. 1302.												
1303.												
1398. Summary of Line 13 from o	verflow pa	ge										
1399. Totals (Lines 1301 thru 130	03 plus 139	98) (Line 13										
above)												
		Ordinary		Credit Life and Individ	maj)	-	Group			Industrial		Total
DIRECT DEATH	1	2	3	4	uai)	5	Group	6	7	8	9	10121
BENEFITS AND			No. of									
MATURED ENDOWMENTS			Ind.Pols. & Gr.			No. of						
INCURRED	No.	Amount	Certifs.	Amour	nt	Certifs.	Α	mount	No.	Amount	No.	Amount
16. Unpaid December 31, prior												
year17. Incurred during current year												
Settled during current year:												
18.1 By payment in full												
18.2 By payment on												
compromised claims 18.3 Totals paid												
18.4 Reduction by			_		_	_	_					
compromise 18.5 Amount rejected			\									
18.6 Total settlements					7				_			
19. Unpaid Dec. 31, current							Z					
year (16+17-18.6)			1			-4						
POLICY EXHIBIT						Policies						
20. In force December 31, prior					ļ							
				(a)		l	l					
22. Other changes to in force												
(Net)												
23. In force December 31 of current year				(a)								
(a) Includes Individual Credit Life In	nsurance p	rior year \$	•	, C	current	year \$					1	ı
Includes Group Credit Life Insur			•							urrent year \$		
Loans greater than 60 months a	at issue BL	JI NOT GREATE	ER THAN 1	20 MONTHS	s, prior	year \$, C	urrent year \$		
			CCIDE	NT AND	HEA		<u>NSU</u> F					
				1		2			3 a Baid Or	4	\Box	5
					Dire	ect Premiu	ums		s Paid Or On Direct			Direct Losses
			Direct P	remiums		Earned			ness	Direct Loss	es Paid	Incurred
24. Group Policies (b)								l 				
24.1 Federal Employees Health premium (b)												
24.2 Credit (Group and Individua	al)											
, .												45 405 007
24.3 Collectively renewable police	u trom etati	e taxes or fees		27,217,904		27,00	14,778			18	,432,341 _	15,425,097
24.3 Collectively renewable police 24.4 Medicare Title XVIII exemp	i iioiii stat											
24.3 Collectively renewable police				I								
24.3 Collectively renewable police 24.4 Medicare Title XVIII exemp Other Individual Policies:												
Collectively renewable policity Medicare Title XVIII exemp Other Individual Policies: Non-cancelable (b)	easons on	ly (b)										
Collectively renewable policity Medicare Title XVIII exemp Other Individual Policies: Non-cancelable (b)	easons on	ly (b)										
24.3 Collectively renewable policity 44 Medicare Title XVIII exemp Other Individual Policies: 25.1 Non-cancelable (b)	easons on	ly (b)										
Collectively renewable policity Medicare Title XVIII exemp Other Individual Policies: Non-cancelable (b)	easons on	ly (b))	0	0 15,425,097

insured under indemnity only products



DIRECT BUSINESS IN THE SNAIC Group Code 4667	STATE C	F Pennsylvani	ia	LI	FE I	NSURA	ANCE	.		_		YEAR 2016 by Code 12575
·	PREMIUMS			1		2 dit Life (G			3	4	Compan	5
AND ANNUITY C	ONSIDER	ATIONS	Ordi	nary		nd Individu		Gr	oup	Industria	ıl	Total
Life insurance Annuity considerations												
Deposit-type contract fund	ls					XXX				xxx		
4. Other considerations												
5. Totals (Sum of Lines 1 to 4 DIRECT DIVIDENDS		YHOLDERS										
Life insurance:												
6.1 Paid in cash or left on	deposit											
6.2 Applied to pay renewal 6.3 Applied to provide paid												
the endowment or pre	mium-payi	ng period										
6.4 Other 6.5 Totals (sum of Line 6.1												
Annuities:	1 10 0.4)											
7.1 Paid in cash or left on	•	F										
7.2 Applied to provide paid 7.3 Other												
7.4 Totals (sum of Lines 7	.1 to 7.3)											
8. Grand Totals (Lines 6.5 pl		EITC DAID	7 #			-11	acksquare					
9. Death benefits			74			II 7						
10. Matured endowments												
11. Annuity benefits 12. Surrender values and with												
12. Surrender values and with13. Aggregate write-ins for mis										-		
and benefits paid												
14. All other benefits, except a	accident an	u nedilii								<u> </u>		
DETAILS OF WRITE-INS												
1301.												
1302. 1303.												
1398. Summary of Line 13 from	overflow pa	age										
1399. Totals (Lines 1301 thru 13 above)	03 plus 13	98) (Line 13										
				Credit Life						•	1	
		Ordinary	(Group	and Individ	ual)		Group			ndustrial		Total
DIRECT DEATH BENEFITS AND	1	2	3 No. of	4		5		6	7	8	9	10
MATURED			Ind.Pols.									
ENDOWMENTS INCURRED	No.	Amount	& Gr. Certifs.	Amour	nt	No. of Certifs.	Α	mount	No.	Amount	No.	Amount
16. Unpaid December 31, prior												
year 17. Incurred during current year						†						
Settled during current year:												
18.1 By payment in full												
compromised claims												
18.3 Totals paid 18.4 Reduction by											-	
compromise		-										
18.5 Amount rejected			\									
19. Unpaid Dec. 31, current							7					
year (16+17-18.6)			-			of						
POLICY EXHIBIT		_				Policies						
20. In force December 31, prior year				(a)								
21. Issued during year				·								
22. Other changes to in force (Net)							L					
23. In force December 31 of				, ,								
current year (a) Includes Individual Credit Life I	nsurance r	prior year \$		(a), c	urrent	vear \$						
Includes Group Credit Life Insu	ırance Loa	ns less than or eq	jual to 60 m	onths at issu	ue, prio	or year \$				urrent year \$		
Loans greater than 60 months	at issue Bl	UT NOT GREATE	R THAN 1	20 MONTHS	6, prior	year \$, CI	urrent year \$		
		A	CCIDE	NT AND	HEA		NSUF					
				1		2			3 Is Paid Or	4		5
					Dir	ect Premi	ums		On Direct			Direct Losses
24. Group Policies (b)			Direct P	remiums		Earned		Bus	iness	Direct Losses	Paid	Incurred
24.1 Federal Employees Health	n Benefits F	Plan								-		
premium (b)								L		-		
24.2 Credit (Group and Individual 24.3 Collectively renewable pol												
24.4 Medicare Title XVIII exemp			1	46,792,728		142,92	26,672			121,8	10,048	101,623,751
Other Individual Policies: 25.1 Non-cancelable (b)												
25.2 Guaranteed renewable (b)												
25.3 Non-renewable for stated												
25.4 Other accident only												
25.6 Totals (sum of Lines 25.1	to 25.5)			0					()	0	0
26. Totals (Lines 24 + 24.1 + 2	24.2 + 24.3	3 + 24.4 + 25.6)	1	46,792,728		142,92	26,672		(121,8	10,048	101,623,751
(b) For health business on indicingured under indemnity or			of persons i	nsured unde	er PPC) managed	d care p	roducts		0 and	l number o	of persons

LS206.PA

insured under indemnity only products



Content Cont	DIRECT BUSINESS IN THI NAIC Group Code 4667	E STATE O	F Rhode Islan	d	LI	IFE I	NSUR	ANCE	=				YEAR 2016 y Code 12575
1 16 Intervalment							dit Life (G						-
December of the conditional state of the control of the control of the conditional state of the control of the conditional state of the control of the cont				Ora	ırıary	aı	ia iriaiviat	iai)	Gi	oup	industria	11	TOTAL
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6.3 Applied to pay winness provide and up additions or shorten 6.4 Order 6.5 Applied to provide good up additions or shorten 6.5 Order 7.5 Order 7.7 Applied to Unite 8 10 6.4 1 7.8 Order 7.2 Applied to Unite 8 10 6.4 1 7.9 Order 7.2 Applied to Unite 8 10 6.4 1 7.9 Order 7.2 Applied to Unite 8 10 6.4 1 7.9 Order 7.1 Order 7.2 Applied to good up add up annualise 7.2 Order 7.3 Order 7.4 Totals guide and Substitution of the ordered to the ordered to the state of the ordered to the state of the ordered to the state of the ordered to the state of the ordered to the state of the ordered to the state of the ordered to the		n deposit											
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and benefits paid 1.6. Totals			F										
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1393 398. Summary of Line 13 from overflow page 3998 7018 Lines 1201 from 1303 plus 1399) (Line 13 2 3 4 5 6 7 8 9 10	1301.												
1398. Summary of Line 13 from overflow page 1399.	1302.												
1399 Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)													
DIRECT DEATH 1 2 No. of 4 5 6 7 8 9 10	`	1303 plus 139											
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Diffect Teath BENEFITS AND MATURED ENDOWMENTS INDURATED			Ordinary			dual)		Grout	0		Industrial		Total
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Settled during current year:	year												
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18.3 Totals paid 18.4 Reduction by 18.5 Totals paid 18.4 Reduction by 18.6 Total stellments 18.6 Total stellments 18.6 Total stellments 19.0 Unpaid Dec. 31. current 19.0 Unpaid Dec. 31. current 19.0 Unpaid Dec. 31. current 19.0 Unpaid Dec. 31. current 19.0 Unpaid Dec. 31. current 19.0 Unpaid Dec. 31. current 19.0 Unpaid Dec. 31. current 19.0 Unpaid Dec. 31. prior 19.0 Unpaid Dec. 21. prior 19.0 Unpaid Dec. 21. prior 19.0 Unpaid Dec. 21. prior 19.0 Unpaid Dec. 21. prior 19.0 Unpaid Dec. 21. prior 19.0 Unpaid Dec. 21. prior 19.0 Unpaid Dec. 21. prior 19.0 Unpaid Dec. 21. prior 19.0 Unpaid Dec. 21. prior 19.0 Unpaid Dec. 21. prior 19.0 Unpaid Dec. 21. prior 19.0 Unpaid Dec. 21. prior 19.0 Unpaid Dec. 21. prior 19.0 Unpaid Dec. 21. pri	· · · · · · · · · · · · · · · · · · ·												
18.3 Totals paid 18.4 Reduction by													
Compromise 18.5 Amount rejected 18.6 Total settlements 18.5 In torus trejected 18.6 Total settlements 18.5 In torus trejected 18.6 Total settlements 19.5 Unpiad Dec 31, current 19.5 Unpiad Dec 32, current 19.5 Unpiad Dec 32, c													
18.5 Amount rejected 18.6 Total selficements 19. Unpaid Dec. 31, current year (16+17-18.6) POLICY EXHIBIT 20. In force December 31, prior year 22. Other changes to in force (Net)													
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POLICY EXHIBIT 20. In force December 31, prior							 	М					
20. In force December 31, prior year y	DOLICY EVUIDIT												
21. Issued during year		r					Policies						
22. Other changes to in force (Net) (a)	year				(a)		<u> </u>	 					
(Net)	22. Other changes to in force						†	 					
Current year (a)	(Net)						<u> </u>						
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ current yea					(a)								
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$. ,		•				•						
ACCIDENT AND HEALTH INSURANCE	•										•		
1	3					•	•			, 0	, 		
Direct Premiums Direct Premiums Direct Premiums Direct Premiums Direct Losses Paid Direct Losses Di						ПСР		1001		3	4		5
Direct Premiums Earned Business Direct Losses Paid Incurred					-		_		Dividend	ls Paid Or			-
24. Group Policies (b) 24.1 Federal Employees Health Benefits Plan premium (b) 24.2 Credit (Group and Individual) 24.2 Collectively renewable policies (b) 24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies: 16,644,396 16,246,287 12,149,347 10,125,643 25.1 Non-cancelable (b) 25.2 Guaranteed renewable (b) 25.3 Non-renewable for stated reasons only (b) 25.4 Other accident only 25.4 Other (b) 25.5 All other (b) 25.5 All other (b) 25.6 Totals (sum of Lines 25.1 to 25.5) 0 0 0 0 0 10,125,643 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) 16,644,396 16,246,287 0 12,149,347 10,125,643				Direct P	remiums	Dir		ums				s Paid	
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Other Individual Policies: 25.1 Non-cancelable (b)					16 6/4 200	ļ	16 0	16 207					10 105 640
25.1 Non-cancelable (b) <		•	e lanes of 1662		10,044,396	ļ	10,24	+∪,∠ŏ/	l			145,54 <i>1</i>	10, 125,643
25.3 Non-renewable for stated reasons only (b)	25.1 Non-cancelable (b)												
25.4 Other accident only						}							
25.5 All other (b) 0 0 0 25.6 Totals (sum of Lines 25.1 to 25.5) 0 0 0 0 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) 16,644,396 16,246,287 0 12,149,347 10,125,643			• ` '			L							
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) 16,644,396 16,246,287 0 12,149,347 10,125,643	25.5 All other (b)												
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to a commission of indicated into report, transport indicated under the managed one products									roducts				

insured under indemnity only products



DIRECT BUSINESS IN THE NAIC Group Code 4667	STATE C	OF South Caro	lina	LI	FE I	NSUR	ANCE	=		_		YEAR 2016 / Code 12575
·	DDEMUM	•		1		2			3	4	Company	5
AND ANNUITY	PREMIUMS CONSIDER		Ord	inary		dit Life (G nd Individu		Gı	roup	Industria	ıl	Total
Life insurance												
 Annuity considerations Deposit-type contract fun 						XXX				XXX		
Other considerations												
Totals (Sum of Lines 1 to	4)											
DIRECT DIVIDENDS	S TO POLIC	YHOLDERS										
Life insurance: 6.1 Paid in cash or left or	n deposit											
6.2 Applied to pay renew	al premiums	3										
6.3 Applied to provide pa												
the endowment or pr 6.4 Other	emium-payi	ing period										
6.5 Totals (sum of Line 6												
Annuities:	a danaait											
7.1 Paid in cash or left or 7.2 Applied to provide pa	•											
7.3 Other												
7.4 Totals (sum of Lines	,		.									
8. Grand Totals (Lines 6.5 p		FITS PAID	lack		\mathbf{H}	\blacksquare	\forall					
Death benefits						`						
10. Matured endowments												
Annuity benefits Surrender values and with												
13. Aggregate write-ins for m					·					<u> </u>		
and benefits paid										+		
14. All other benefits, except15. Totals	accident an	nd health										
DETAILS OF WRITE-IN	S											
1301.												
1302.												
1303 1398. Summary of Line 13 from	n overflow pa											
1399. Totals (Lines 1301 thru 1		•										
above)												
		Ordinana		Credit Life o and Individ	lual)		Graus	•		ndustrial		Total
DIRECT DEATH	1	Ordinary 2	3	4	uai)	5	Group	6	7	ndustrial 8	9	Total 10
BENEFITS AND MATURED			No. of									
ENDOWMENTS			Ind.Pols. & Gr.			No. of						
INCURRED	No.	Amount	Certifs.	Amour	nt	Certifs.	A	mount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year												
17. Incurred during current year	r											
Settled during current year: 18.1 By payment in full												
18.2 By payment on												
compromised claims 18.3 Totals paid												
18.4 Reduction by						†			+		-	
compromise			\			-						
18.5 Amount rejected 18.6 Total settlements					-						-	
19. Unpaid Dec. 31, current												
year (16+17-18.6)			- 13		J-	of						
POLICY EXHIBIT		_				Policies						
20. In force December 31, prior				(-)								
year21. Issued during year				(a)		<u> </u>	<u> </u>					
22. Other changes to in force												
(Net)						+					-	
current year				(a)								
(a) Includes Individual Credit Life Includes Group Credit Life Ins				, C						urrant voor f		
Loans greater than 60 months												
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		<i>F</i>		NT AND	1164	<u> </u>	1001		3	4	I	5
				•		_		Dividend	ds Paid Or	· ·		
			Direct P	remiums	Dir	ect Premit Earned	ums		On Direct	Direct Losses	s Paid	Direct Losses Incurred
24. Group Policies (b)								500				
24.1 Federal Employees Heal												
premium (b) 24.2 Credit (Group and Individ	dual)										<u>-</u>	
24.3 Collectively renewable po	olicies (b)											
24.4 Medicare Title XVIII exen	•	te taxes or fees		59,133,500		55,55	57,458			49,7	47,253	41,776,597
Other Individual Policies: 25.1 Non-cancelable (b)												
25.2 Guaranteed renewable (I												
25.3 Non-renewable for stated					ļ					.		
25.4 Other accident only 25.5 All other (b)								.				
25.6 Totals (sum of Lines 25.	1 to 25.5)			0					C		0	0
26. Totals (Lines 24 + 24.1 +	- 24.2 + 24.3	3 + 24.4 + 25.6)		59,133,500		55,55	57,458		C	49,7	47,253	41,776,597
(b) For health business on inc	dicated lines	report: Number	of persons i	nsured unde	r PPC) managed	d care r	oroducts		0 and	number o	f persons

0 and number of persons insured under indemnity only products



	CT BUSINESS IN THE Group Code 4667	STATE O	F South Dako	ota	LI	FE II	NSUR	ANCE	E		_		YEAR 2016 y Code 12575
147410	•	PREMIUMS			1		2			3	4	Compan	5
	AND ANNUITY C			Ordi	inary		dit Life (G nd Individu		Gı	roup	Industri	al	Total
1.	Life insurance												
2. 3.	Annuity considerations Deposit-type contract fund						XXX						
3. 4.	Other considerations						٨٨٨						
5.	Totals (Sum of Lines 1 to	4)											
	DIRECT DIVIDENDS	TO POLIC	YHOLDERS										
	Life insurance: 6.1 Paid in cash or left on	denocit											
	6.2 Applied to pay renewa	l premiums	i										
	6.3 Applied to provide paid	d-up additio	ons or shorten										
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24.1	Federal Employees Health premium (b)												
	Credit (Group and Individu	ual)											
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LS206.SD

insured under indemnity only products



DIRECT BUSINESS IN THE NAIC Group Code 4667	STATE C)F Tennessee		11	IFF IN	ISUR	ΔNCF	=				YEAR 2016 y Code 12575
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24.4 Medicare Title XVIII exem Other Individual Policies:	ipi irom stat	te taxes or fees		62,810,429		62,75	00, 143			. 52,	310,809	43,887,039
25.1 Non-cancelable (b)					L					_ [
25.2 Guaranteed renewable (b)											
25.3 Non-renewable for stated			ļ					ļ				
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25.4 Other accident only

25.5 All other (b)

25.6 Totals (sum of Lines 25.1 to 25.5)

26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products

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52,310,809

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43,887,039



16. Unpaid December 31, prior year 17. Incurred during current year Settled during current year 18.1 By payment in full 18.2 By payment in full 18.2 By payment on compromised claims 18.3 Totals paid 18.4 Reduction by compromise 18.5 Amount rejected 18.6 Total settlements 19. Unpaid December 31, prior year 20. Other changes to in force (Net) 21. Issued during year 22. Other changes to in force (Net) 23. In force December 31 of current year (a) includes Individual Credit Life Insurance prior year \$ includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ current year \$ includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ current year \$ includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ current year \$ includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ current year \$ includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ current year \$ includes Group Credit Life Insurance David Branch	DIRECT BUSINESS IN THE S NAIC Group Code 4667	STATE OF TO	exas		LI	FE II	NSUR/	ANCE	<u>E</u>				YEAR 2016 y Code 1257
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18.1 By payment in full 18.2 By payment in full 18.2 By payment on compromised claims 18.3 Totals paid 18.4 Reduction by compromise 18.5 Amount rejected 19. 16. Total settlements 19. Unpaid Dec. 31, current year (16+17-18.6) POLICY EXHIBIT 20. In force December 31, prior year 21. Issued during year 21. Issued during year 22. Other changes to in force (Net) 23. In force December 31 of current year (a) Includes Individual Credit Life Insurance prior year \$	17. Incurred during current year												
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compromised claims 18.3 Totals paid 18.4 Reduction by compromised 18.5 Amount rejected 18.5 Amount rejected 19. Unpaid Dec. 31, current year (16+17-18.6) POLICY EXHIBIT 20. In force December 31, prior year 21. Issued during year 22. Other changes to in force (Net) 23. In force December 31 of current year Includes Group Credit Life Insurance prior year \$ Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ Includes Group Credit		*											
18.4 Reduction by compromise 18.5 Amount rejected 18.5 Amount rejected 18.6 Total settlements 19. Unpaid Doe: 31, current year (16+17-18.6) POLICY EXHIBIT 20. In force December 31, prior year 21. Issued during year 22. Other changes to in force (Not) 23. In force December 31 of current year (a) urrent year \$ Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ Current year \$ Direct Premiums 24. Group Policies (b) 24. Group Policies (b) 24. Credit (Group and Individual) 24. Credit (Group and Individual) 24. Credit (Group and Individual) 24. Medicare Title XVIII exempt from state taxes or fees Other Individual Policies: 25. Non-cancelable (b) 25. Guaranteed renewable (b) 26. Group Policies (compared to the state of the premium of the premium (compared to the premium (comp													
compromise 18.5 Amount rejected 18.6 Total settlements 19. Unpaid Dec. 31, current year (164-17-18.6) POLICY EXHIBIT 20. In force December 31, prior year 21. Issued during year 22. Other changes to in force (Net) (Net) 3. In force December 31 of current year and includes Individual Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ current year \$										+			
18.6 Total settlements 19. Unpaid Dec. 31, current year (16+17-18.6) POLICY EXHIBIT 20. In force December 31, prior year 21. Issued during year 22. Other changes to in force (Net) 23. In force December 31 of current year (a) Includes Group Credit Life Insurance prior year \$ Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ CIPTED THAN 120 MONTHS, prior year \$ ACCIDENT AND HEALTH INSURANCE 1 2 Direct Premiums Direct Premiums Earned 24. Group Policies (b) 24.1 Federal Employees Health Benefits Plan premium (b) 24.2 Credit (Group and Individual) 24.3 Collectively renewable policies (b) 24.4 Medicare Title VIII exempt from state laxes or fees Other Individual Policies: 25.1 Non-cancelable (b) 25.2 Guaranteed enewable (b) 26. In force December 31, prior year \$	compromise			\									
19. Unpaid Dec. 31, current year (16+17-18.6) POLICY EXHIBIT 20. In force December 31, prior year 21. Issued during year				₹		—				<u></u>			
POLICY EXHIBIT 20. In force December 31, prior year 21. Issued during year 22. Other changes to in force (Net) (Net) (a) (a) (a) (a) (a) (a) (b) (c) (net) (net) (c) (net) (ne		*						7 -					
20. In force December 31, prior year and a state during year and y				7									
20. In force December 31, prior year and a state during year and y	POLICY EXHIBIT						Policies						
21. Issued during year	20. In force December 31, prior						. 50.00						
22. Other changes to in force (Net) 23. In force December 31 of current year (a) Includes Individual Credit Life Insurance prior year \$					(a)					 			
(Net) 23. In force December 31 of current year (a) Includes Individual Credit Life Insurance prior year \$ Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ CEIDENT AND HEALTH INSURANCE 1 2 3 4 5 Direct Premiums ACCIDENT AND HEALTH INSURANCE 24. Group Policies (b) 24.1 Federal Employees Health Benefits Plan premium (b) 24.2 Credit (Group and Individual) 24.3 Collectively renewable policies (b) 24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies: 25.1 Non-cancelable (b) 25.2 Guaranteed renewable (b)		}								†			
current year (a) Includes Individual Credit Life Insurance prior year \$ Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ ***CCIDENT AND HEALTH INSURANCE** ***ACCIDENT AND HEALTH INSURANCE** ***ACCIDENT AND HEALTH INSURANCE** ***Direct Premiums Direct Premiums Earned Business Direct Losses Paid Incurred** 24. Group Policies (b)		 						l		 			
(a) Includes Individual Credit Life Insurance prior year \$					(a)								
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ ACCIDENT AND HEALTH INSURANCE	(a) Includes Individual Credit Life I				, C								
ACCIDENT AND HEALTH INSURANCE 1 2 3 4 5 Dividends Paid Or Credited On Direct Losses Paid Incurred 24. Group Policies (b)	•			•							•		
1 2 Direct Premiums Earned Direct Losses Paid Or Credited On Direct Losses Paid Or Credited On Direct Losses Paid Direct Direct Direct Losses Paid Direct Direct Losses Paid Direct Losses Paid Direct D	Loans greater than 60 months	at issue but inc				•				, GL	шеш уеаг ф		
24. Group Policies (b)				1		HEA		NSUF		0		ı	
24. Group Policies (b)				'			2				4		5
24. Group Policies (b)				D: . D		Dire		ums			D:	D : 1	Direct Losses
24.1 Federal Employees Health Benefits Plan premium (b) 24.2 Credit (Group and Individual)	24. Group Policies (h)			Direct Pr	emiums		⊨arned		Bus	ıness	Direct Loss	es Paid	incurred
24.2 Credit (Group and Individual)	24.1 Federal Employees Health	n Benefits Plan											
24.3 Collectively renewable policies (b)											.		
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies: 169,593,670 161,762,679 147,218,456 123,321 25.1 Non-cancelable (b) 25.2 Guaranteed renewable (b) <t< td=""><td>,</td><td>*</td><td></td><td></td><td></td><td>L</td><td></td><td></td><td></td><td></td><td></td><td>·····</td><td></td></t<>	,	*				L						·····	
25.1 Non-cancelable (b)	24.4 Medicare Title XVIII exemp												123,321,
25.2 Guaranteed renewable (b)													
25.3 Non-renewable for stated reasons only (b)												·	
25.4 Other accident only	25.4 Other accident only												
25.5 All other (b)	25.5 All other (b)	+o 0E E\		ļ									
25.6 Totals (sum of Lines 25.1 to 25.5) 0 0 0 0													123,321,
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products						er PPO							

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insured under indemnity only products



IRECT BUSINESS IN THE	STATE OF	- Utah				1111	Ciivo	roonpt i		e Company		YEAR 2016
AIC Group Code 4667				<u>LII</u>	FE IN	SURA 2	ANCE		3	NAIC 4	Compan	y Code 12575 5
AND ANNUITY C 1. Life insurance				inary	and	t Life (Gr Individua	al)		oup	Industria	ıl	Total
 Annuity considerations Deposit-type contract fund 						XXX				XXX		
Other considerations Totals (Sum of Lines 1 to 4 DIRECT DIVIDENDS	1)											
Life insurance: 6.1 Paid in cash or left on 6.2 Applied to pay renewal	deposit											
6.3 Applied to provide paid the endowment or pre 6.4 Other	mium-payin	g period										
6.5 Totals (sum of Line 6.1 Annuities: 7.1 Paid in cash or left on a 7.2 Applied to provide paid	deposit											
7.3 Other	1 to 7.3)					A						
DIRECT CLAIMS A 9. Death benefits 10. Matured endowments	ND BENEF		V									
11. Annuity benefits12. Surrender values and with13. Aggregate write-ins for mis	drawals for	life contracts										
and benefits paid												
DETAILS OF WRITE-INS 301. 302.												
303 398. Summary of Line 13 from 0 399. Totals (Lines 1301 thru 13 above)	overflow pag	ge										
DIRECT DEATH	1	Ordinary 2		Credit Life p and Individu 4	ual)	5	Group	6	In	dustrial 8	9	Total
BENEFITS AND MATURED ENDOWMENTS INCURRED 6. Unpaid December 31, prior	No.	Amount	No. of Ind.Pols. & Gr. Certifs.			No. of Certifs.	Ar	mount	No.	Amount	No.	Amount
year												
18.1 By payment in full 18.2 By payment on compromised claims 18.3 Totals paid												
18.4 Reduction by compromise												
18.5 Amount rejected												
year (16+17-18.6) POLICY EXHIBIT 0. In force December 31, prior						. of Policies						
year 1. Issued during year 2. Other changes to in force				(a)								
(Net)3. In force December 31 of current year				(a)							-	
) Includes Individual Credit Life Includes Group Credit Life Insu Loans greater than 60 months	rance Loan	s less than or eq	ual to 60 n	nonths at issu	e, prior	year \$, cui	rent year \$		
		A		NT AND I	HEAL	<u>TH IN</u>	ISUF		3	4		5
04 Overus Palisias (h)			Direct F	remiums		t Premiu Earned	ıms	Credited	s Paid Or On Direct ness	Direct Losses	s Paid	Direct Losses Incurred
Group Policies (b)	Benefits P											
 4.2 Credit (Group and Individu 4.3 Collectively renewable policies 4.4 Medicare Title XVIII exempother Individual Policies 	icies (b)			10,672,592		10,98	5,064			8,6	36,825	7,245,02
5.1 Non-cancelable (b)	reasons only	y (b)										
5.4 Other accident only5.5 All other (b)5.6 Totals (sum of Lines 25.1)												
							0		0		0	

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insured under indemnity only products



DIRECT BUSINESS IN THE SNAIC Group Code 4667	STATE OF Vermont	LI	FE INSURANC	E		E YEAR 2016 any Code 12575
DIRECT P	REMIUMS	1	2 Credit Life (Group	3	4	5
AND ANNUITY C	ONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total
Life insurance Annuity considerations						
Deposit-type contract fund	s				XXX	
4. Other considerations						
5. Totals (Sum of Lines 1 to 4	TO POLICYHOLDERS					
Life insurance:	TO FOLIO MOLDEMS					
6.1 Paid in cash or left on	deposit					
	premiums					
6.3 Applied to provide paid the endowment or pre	n-up additions or snorten mium-paying period					
6.4 Other						
6.5 Totals (sum of Line 6.1	to 6.4)					
Annuities: 7.1 Paid in cash or left on a	deposit					
7.2 Applied to provide paid	I-up annuities					
7.3 Other						
7.4 Totals (sum of Lines 7.8. Grand Totals (Lines 6.5 pl	,					
	ND BENEFITS PAID					
9. Death benefits						
10. Matured endowments					-	
11. Annuity benefits12. Surrender values and with						
 Surrender values and with Aggregate write-ins for mis 		ļ			†	
and benefits paid					 	
 All other benefits, except a Totals 	ccident and health				 	
DETAILS OF WRITE-INS						
1301						
1302.						
1303 1398. Summary of Line 13 from 0	overflow page					
1399. Totals (Lines 1301 thru 13						
above)						
		Credit Life				
DIRECT DEATH	Ordinary 2	(Group and Individ	ual) Gro	<u>up In</u> 6 7	ndustrial 9	Total 10
BENEFITS AND	1 2	No. of		, ,	0 3	10
MATURED ENDOWMENTS		Ind.Pols.	N			
INCURRED	No. Amount	& Gr. Certifs. Amour	No. of Certifs.	Amount No.	Amount No.	. Amount
16. Unpaid December 31, prior						
year 17. Incurred during current year						
Settled during current year:						
18.1 By payment in full						
18.2 By payment on compromised claims						
18.3 Totals paid						
18.4 Reduction by			. _ _			
compromise 18.5 Amount rejected						
18.6 Total settlements						
19. Unpaid Dec. 31, current						
year (16+17-18.6)			of			
POLICY EXHIBIT			Policies			
20. In force December 31, prior		(a)				
year21. Issued during year		` '				
22. Other changes to in force						
(Net)23. In force December 31 of						
current year		(a)				
(a) Includes Individual Credit Life I		, C				
Includes Group Credit Life Insu Loans greater than 60 months		•		, cui		
-cano groator than oo mortuis			., .		Ψ	
		ACCIDENT AND	HEALTH INSU	RANCE 3	4	5
		'	2	Dividends Paid Or	4	5
			Direct Premiums	Credited On Direct		Direct Losses
24. Group Policies (b)		Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24.1 Federal Employees Health				-		
premium (b)				-		
24.2 Credit (Group and Individu24.3 Collectively renewable poli	*			-		
24.4 Medicare Title XVIII exemp		13,659,097	13,306,994		11,095,751	9,272,931
Other Individual Policies:		, ,				
25.1 Non-cancelable (b)				-		
25.2 Guaranteed renewable (b)25.3 Non-renewable for stated in						
25.4 Other accident only				_		
25.5 All other (b)						
25.6 Totals (sum of Lines 25.1	to 25.5)	0	0	0	0	
26. Totals (Lines 24 + 24.1 + 2		13,659,097	13,306,994			9,272,931
(b) For health business on indic	4 T. P. C. C. C. C. C. C. C. C. C. C. C. C. C.					

insured under indemnity only products



SLIDDI EMENT EOR THE VEAR 2016 OF

DIRECT BUSINESS IN THE STATE OF V NAIC Group Code 4667			LĮ		ISUR <i>A</i>		· =		DURIN	NG THE	YEAR 2016 y Code 12575
DIRECT PREMIUMS AND ANNUITY CONSIDERATIO			1 inary		2 it Life (Gr d Individua			3 oup	4 Industria	I	5 Total
Life insurance Annuity considerations											
Deposit-type contract funds					XXX						
Other considerations Totals (Sum of Lines 1 to 4)		ļ					ļ				
DIRECT DIVIDENDS TO POLICYHOL	LDERS										
Life insurance: 6.1 Paid in cash or left on deposit											
6.2 Applied to pay renewal premiums											
6.3 Applied to provide paid-up additions or the endowment or premium-paying pe	shorten riod										
6.4 Other											
6.5 Totals (sum of Line 6.1 to 6.4)											
7.1 Paid in cash or left on deposit											
7.2 Applied to provide paid-up annuities 7.3 Other									-		
7.4 Totals (sum of Lines 7.1 to 7.3)											
8. Grand Totals (Lines 6.5 plus 7.4) DIRECT CLAIMS AND BENEFITS	PAID				₽7						
9. Death benefits											
Matured endowments Annuity benefits					<u> </u>						
12. Surrender values and withdrawals for life of	ontracts										
Aggregate write-ins for miscellaneous dire- and benefits paid											
14. All other benefits, except accident and hea		[-		
15. Totals DETAILS OF WRITE-INS											
1301.											
1302. 1303.							ļ				
1398. Summary of Line 13 from overflow page											
1399. Totals (Lines 1301 thru 1303 plus 1398) (L above)	ine 13										
3.33.37	"		Credit Life								
Ordin		(Group	p and Individu	ual)		Group		7 Ir	ndustrial	0	Total
DIRECT DEATH 1 BENEFITS AND	2	3 No. of	4		5		6	/	8	9	10
MATURED ENDOWMENTS		Ind.Pols. & Gr.			No. of						
INCURRED No.	Amount	Certifs.	Amoun		Certifs.	A	mount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year											
17. Incurred during current year Settled during current year:											
18.1 By payment in full											
18.2 By payment on compromised claims											
•											
18.4 Reduction by compromise								_			
1007.1								<u> </u>			
19. Unpaid Dec. 31, current											
year (16+17-18.6)		-1			. of						
POLICY EXHIBIT	_				Policies						
20. In force December 31, prior year			.(a)								
21. Issued during year								 			
(Net)								ļļ.		<u> </u>	
23. In force December 31 of current year			(a)								
(a) Includes Individual Credit Life Insurance prior y Includes Group Credit Life Insurance Loans les									ırrent year \$		
Loans greater than 60 months at issue BUT NO		•							ırrent year \$		
	Δ	CCIDE	NT AND	HEAL	LTH IN	ISUF	RANCE				
		1	1		2		;	3	4		5
				Direc	ct Premiu	ıms		ls Paid Or On Direct			Direct Losses
24. Group Policies (b)		Direct P	remiums		Earned		Busi	iness	Direct Losses	Paid	Incurred
24.1 Federal Employees Health Benefits Plan		<u> </u>	·				<u> </u>		-		
premium (b)24.2 Credit (Group and Individual)											
24.3 Collectively renewable policies (b)											
24.4 Medicare Title XVIII exempt from state taxe Other Individual Policies:	es or fees		67,822,705		63,40	1,168			53,49	94,984	44,818,344
25.1 Non-cancelable (b)											
25.2 Guaranteed renewable (b)									.		
25.3 Non-renewable for stated reasons only (b) 25.4 Other accident only										<u></u>	
25.5 All other (b)											
25.6 Totals (sum of Lines 25.1 to 25.5)						0	ļ	0		0 L	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24	.4 + 25.6)		67,822,705		63.40	1,168		0	53 4	94,984	44,818,344

insured under indemnity only products



Deposit-type contract funds	1 Ordinary	FE INSURANC 2 Credit Life (Group and Individual)	3 Group	4 Industrial	any Code 12575 5 Total
AND ANNUITY CONSIDERATIONS 1. Life insurance 2. Annuity considerations 3. Deposit-type contract funds 4. Other considerations 5. Totals (Sum of Lines 1 to 4) DIRECT DIVIDENDS TO POLICYHOLDERS		and Individual)	Group	Industrial	Total
Annuity considerations Deposit-type contract funds Other considerations Totals (Sum of Lines 1 to 4) DIRECT DIVIDENDS TO POLICYHOLDERS					
Deposit-type contract funds Other considerations Totals (Sum of Lines 1 to 4) DIRECT DIVIDENDS TO POLICYHOLDERS		XXX			
Other considerations Totals (Sum of Lines 1 to 4) DIRECT DIVIDENDS TO POLICYHOLDERS				XXX	
5. Totals (Sum of Lines 1 to 4) DIRECT DIVIDENDS TO POLICYHOLDERS					
Life in a company and a					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
the endowment or premium-paying period					
6.4 Other					
,					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up armitities					
7.4 Totals (sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits				-	ļ
10. Matured endowments					
Annuity benefits Surrender values and withdrawals for life contracts				+	
Surrender values and withdrawais for life contracts Aggregate write-ins for miscellaneous direct claims				†	<u> </u>
and benefits paid					ļ
14. All other benefits, except accident and health					
15. Totals					
DETAILS OF WRITE-INS					
301				+	
302 303					
000 0 (11, 40)					
399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13					
above)					
	Credit Life				
Ordinary	(Group and Individ			ndustrial	Total
DIRECT DEATH 1 2 BENEFITS AND	3 4	5	6 7	8 9	10
MATURED	No. of Ind.Pols.				
ENDOWMENTS	& Gr.	No. of			
INCURRED No. Amount	Certifs. Amour	nt Certifs.	Amount No.	Amount No	o. Amount
6. Unpaid December 31, prior					
year7. Incurred during current year					
Settled during current year:					
18.1 By payment in full					
18.2 By payment on					
compromised claims					
18.4 Reduction by					
compromise					
18.5 Amount rejected					
18.6 Total settlements	1				
9. Unpaid Dec. 31, current year (16+17-18.6)					
you (10117 10.0)		. of			
POLICY EXHIBIT		Policies			
0. In force December 31, prior	(0)				
year1. Issued during year	(a)				
Other changes to in force		·····			
(Net)					
3. In force December 31 of current year	(a)				
	(a), C	current year \$			1
Includes Group Credit Life Insurance Loans less than or equ			, cu	rrent year \$	
Loans greater than 60 months at issue BUT NOT GREATER			, cu	-	
Δι	CCIDENT AND	HEALTH INSI	IRANCE		
	1	2	3	4	5
			Dividends Paid Or		
	Direct Premiums	Direct Premiums Earned	Credited On Direct	Direct League Boid	Direct Losses
24. Group Policies (b)	DIECT LIGHTINI	Lameu	Business	Direct Losses Paid	Incurred
24.1 Federal Employees Health Benefits Plan					
premium (b)			-		ļ
			-		<u> </u>
	59,702,738	59,284,635		41,626,353	34,802,98
			' 	41,020,333	
Other Individual Policies					L
Other Individual Policies: 25.1 Non-cancelable (b)					
25.1 Non-cancelable (b)					1
25.1 Non-cancelable (b)					
25.1 Non-cancelable (b)					
25.1 Non-cancelable (b)					
25.1 Non-cancelable (b)	0	(0		
25.1 Non-cancelable (b)	0 59,702,738		0 0	41,626,353	34,802,98



NAIC Group Code 4667	STATE O	F West Virgin	ia	LI	FE INSUR	ANCE	.		_		YEAR 2016 y Code 12575
•	PREMIUMS	,	1		2 Credit Life (G			3	4		5
AND ANNUITY C			Ordin	nary	and Individu		Gı	roup	Industria	ıl	Total
Life insurance Annuity considerations									-		
 Annuity considerations Deposit-type contract fund 				II.	XXX				xxx		
Other considerations											
5. Totals (Sum of Lines 1 to											
DIRECT DIVIDENDS	TO POLIC	YHOLDERS									
Life insurance:			i								
6.1 Paid in cash or left on	deposit										
6.2 Applied to pay renewa6.3 Applied to provide paid											
the endowment or pre											
6.4 Other											
6.5 Totals (sum of Line 6.	1 to 6.4)										
Annuities: 7.1 Paid in cash or left on	donocit		ì								
7.1 Faid in cash of left of 7.2 Applied to provide paid											
7.3 Other											
7.4 Totals (sum of Lines 7	.1 to 7.3)										
8. Grand Totals (Lines 6.5 pl											
DIRECT CLAIMS A											
9. Death benefits					7	\					
 Matured endowments Annuity benefits 					_ =				†		
12. Surrender values and with		i i							†		
Aggregate write-ins for mi			·				t		T		
and benefits paid											
14. All other benefits, except a	accident and	d health									
15. Totals									1		
DETAILS OF WRITE-INS			ì								
1301 1302									†		
1303.											
1398. Summary of Line 13 from				II.							
1399. Totals (Lines 1301 thru 13	03 plus 139	98) (Line 13	ì								
above)											
				Credit Life							
DIRECT DEATH	1	Ordinary 2	(Group	and Individu	ual) 5	Group	6 6	7 Ir	ndustrial 8	9	Total 10
BENEFITS AND	'		No. of				U	,	O	3	10
MATURED			Ind.Pols.								
ENDOWMENTS INCURRED	No.	Amount	& Gr. Certifs.	Amoun	No. of		mount	No.	Amount	No.	Amount
16. Unpaid December 31, prior	INO.	Amount	Gertiis.	Amoun	t Certifs.	А	mount	INO.	Amount	INO.	Amount
year											
17. Incurred during current year											
Settled during current year:											
18.1 By payment in full	·										
18.2 By payment on compromised claims.				L							
18.3 Totals paid				<u> </u>							
18.4 Reduction by						_					
compromise 18.5 Amount rejected			A								
18.6 Total settlements		·····									
19. Unpaid Dec. 31, current						7 "					
year (16+17-18.6)			7								
					. of						
DOI ION ENTIRIT			- 1		Dollaina						
POLICY EXHIBIT 20. In force December 31, prior					Policies						
20. In force December 31, prior year				(a)							
20. In force December 31, prior year21. Issued during year				(a)							
20. In force December 31, prior year21. Issued during year22. Other changes to in force				(a)							
20. In force December 31, prior year21. Issued during year				(a)							
 20. In force December 31, prior year 21. Issued during year 22. Other changes to in force (Net) 23. In force December 31 of current year 				(a)							
 20. In force December 31, prior year 21. Issued during year 22. Other changes to in force (Net) 23. In force December 31 of current year (a) Includes Individual Credit Life 	Insurance p	•		(a), c	urrent year \$				rront year [©]		
 20. In force December 31, prior year 21. Issued during year 22. Other changes to in force (Net) 23. In force December 31 of current year (a) Includes Individual Credit Life Includes Group Credit Life Insi 	Insurance purance Loar	ns less than or eq	qual to 60 m	(a), c	urrent year \$ ue, prior year \$, cu			
 20. In force December 31, prior year 21. Issued during year 22. Other changes to in force (Net) 23. In force December 31 of current year a) Includes Individual Credit Life 	Insurance purance Loar	ns less than or ed JT NOT GREATE	qual to 60 mc	(a), conths at issu	urrent year \$ ue, prior year \$ s, prior year \$, cu			
 20. In force December 31, prior year 21. Issued during year 22. Other changes to in force (Net) 23. In force December 31 of current year a) Includes Individual Credit Life Includes Group Credit Life Insi 	Insurance purance Loar	ns less than or ed JT NOT GREATE	qual to 60 mg	(a), c onths at issu 20 MONTHS	urrent year \$ ue, prior year \$ prior year \$ HEALTH II		RANCE	, cu	rrent year \$		
 20. In force December 31, prior year 21. Issued during year 22. Other changes to in force (Net) 23. In force December 31 of current year (a) Includes Individual Credit Life Includes Group Credit Life Insi 	Insurance purance Loar	ns less than or ed JT NOT GREATE	qual to 60 mc	(a), c onths at issu 20 MONTHS	urrent year \$ ue, prior year \$ s, prior year \$		RANCE	, cu , cu 3	-		
 20. In force December 31, prior year 21. Issued during year 22. Other changes to in force (Net) 23. In force December 31 of current year (a) Includes Individual Credit Life Includes Group Credit Life Insi 	Insurance purance Loar	ns less than or ed JT NOT GREATE	qual to 60 mg	(a), c onths at issu 20 MONTHS	urrent year \$ ue, prior year \$ prior year \$ HEALTH II	NSUF	RANCE	, cu	rrent year \$		
20. In force December 31, prior year	Insurance purance Loar	ns less than or ed JT NOT GREATE	qual to 60 me ER THAN 12 ACCIDEN	(a), c onths at issu 20 MONTHS	urrent year \$ Je, prior year \$ 5, prior year \$ HEALTH II	NSUF	PANCE Dividence Credited	, cu , cu 3 ds Paid Or	rrent year \$		5
20. In force December 31, prior year	Insurance p urance Loar at issue BU	ns less than or ed JT NOT GREATE A	qual to 60 me ER THAN 12 ACCIDEN	(a), c onths at issu 20 MONTHS	urrent year \$ Je, prior year \$ S, prior year \$ HEALTH III 2 Direct Premiu	NSUF	PANCE Dividence Credited	, cu , cu 3 ds Paid Or I On Direct	rrent year \$		5 Direct Losses
20. In force December 31, prior year	Insurance purance Loar at issue Bl	ns less than or ed JT NOT GREATE A	qual to 60 me ER THAN 12 ACCIDEN	(a), c onths at issu 20 MONTHS	urrent year \$ Je, prior year \$ S, prior year \$ HEALTH II 2 Direct Premiu	NSUF	PANCE Dividence Credited	, cu , cu 3 ds Paid Or I On Direct	rrent year \$		5 Direct Losses
20. In force December 31, prior year	Insurance purance Loar at issue BL	ns less than or ed JT NOT GREATE A	qual to 60 me ER THAN 12 ACCIDEN	(a), c conths at issue 20 MONTHS	urrent year \$ Je, prior year \$ S, prior year \$ HEALTH II 2 Direct Premiu	NSUF	PANCE Dividence Credited	, cu , cu 3 ds Paid Or I On Direct	rrent year \$		5 Direct Losses
20. In force December 31, prior year	Insurance purance Loar at issue BL	ns less than or ed JT NOT GREATE A	qual to 60 mc ER THAN 12 ACCIDEN 1 Direct Pr	(a), c onths at issu 20 MONTHS NT AND 1 remiums	urrent year \$ Je, prior year \$ 5, prior year \$ HEALTH II 2 Direct Premit Earned	NSUF	PANCE Dividence Credited	, cu , cu 3 ds Paid Or I On Direct	rrent year \$ 4 Direct Losses	s Paid	5 Direct Losses
20. In force December 31, prior year	Insurance purance Loar at issue BL	ns less than or ed JT NOT GREATE A	qual to 60 mo ER THAN 12 ACCIDEN 1 Direct Pr	(a), c onths at issu 20 MONTHS NT AND 1 remiums	urrent year \$ Je, prior year \$ S, prior year \$ HEALTH II 2 Direct Premiu	NSUF	PANCE Dividence Credited	, cu , cu 3 ds Paid Or I On Direct	rrent year \$ 4 Direct Losses		5 Direct Losses Incurred
20. In force December 31, prior year	Insurance purance Loar at issue BU The Benefits Full Insurance Built Insurance Loar at issue BU The Benefits Full Insurance Description State Insurance Purance Description Insurance Purance Plan	qual to 60 mc ER THAN 12 ACCIDEN 1 Direct Pr	(a), conths at issue 20 MONTHS NT AND 1 remiums	urrent year \$ Je, prior year \$ 5, prior year \$ HEALTH II 2 Direct Premit Earned	NSUF	PANCE Dividence Credited	, cu , cu 3 ds Paid Or I On Direct	rrent year \$ 4 Direct Losses	s Paid	5 Direct Losses Incurred	
20. In force December 31, prior year	Insurance purance Loar at issue BU	Plan	qual to 60 mc ER THAN 12 ACCIDEN 1 Direct Pr	(a), conths at issue 20 MONTHS NT AND 1 remiums	urrent year \$ Je, prior year \$ 5, prior year \$ HEALTH II 2 Direct Premit Earned	NSUF	PANCE Dividence Credited	, cu , cu 3 ds Paid Or I On Direct	rrent year \$ 4 Direct Losses	s Paid	5 Direct Losses Incurred
20. In force December 31, prior year	Insurance purance Loar at issue BU The Benefits Full in Benefits Full in Benefits Full in Benefits Full in Benefits Full in Benefits Full in Benefits Full in Benefits Full in Benefits Full in Benefits Full in Benefits F	Plan e taxes or fees	qual to 60 m ER THAN 12 ACCIDEN 1 Direct Pr	(a), c onths at issu 20 MONTHS NT AND 1 remiums	urrent year \$ Je, prior year \$ 5, prior year \$ HEALTH II 2 Direct Premit Earned	NSUF	PANCE Dividence Credited	, cu , cu 3 ds Paid Or I On Direct	rrent year \$ 4 Direct Losses	s Paid	5 Direct Losses Incurred
 In force December 31, prior year Issued during year Other changes to in force (Net) In force December 31 of current year In local Individual Credit Life Includes Group Credit Life Inst Loans greater than 60 months Federal Employees Health premium (b) Credit (Group and Individual C4.3 Collectively renewable poother Individual Policies: Non-cancelable (b) Guaranteed renewable (b Non-renewable for stated 	Insurance purance Loar at issue BU The Benefits Full in	Plan e taxes or fees	qual to 60 m ER THAN 12 ACCIDEN 1 Direct Pr	(a), c onths at issue 20 MONTHS NT AND 1 remiums	urrent year \$ Je, prior year \$ 5, prior year \$ HEALTH II 2 Direct Premit Earned	NSUF	PANCE Dividence Credited	, cu , cu 3 ds Paid Or I On Direct	rrent year \$ 4 Direct Losses	s Paid	5 Direct Losses Incurred
20. In force December 31, prior year 21. Issued during year 22. Other changes to in force (Net) 23. In force December 31 of current year (a) Includes Individual Credit Life Includes Group Credit Life Inst. Loans greater than 60 months 24. Group Policies (b) 24.1 Federal Employees Health premium (b) 24.2 Credit (Group and Individuel 24.3 Collectively renewable poets 24.4 Medicare Title XVIII exemother Individual Policies: 25.1 Non-cancelable (b) 25.2 Guaranteed renewable (b 25.3 Non-renewable for stated 25.4 Other accident only	Insurance purance Loar at issue BU The Benefits Full (incident) (Plan e taxes or fees	qual to 60 mc ER THAN 12 ACCIDEN 1 Direct Pr	(a), c oonths at issue 20 MONTHS NT AND 1	urrent year \$ Je, prior year \$ 5, prior year \$ HEALTH II 2 Direct Premit Earned	NSUF	PANCE Dividence Credited	, cu , cu 3 ds Paid Or I On Direct	rrent year \$ 4 Direct Losses	s Paid	5 Direct Losses Incurred
20. In force December 31, prior year 21. Issued during year 22. Other changes to in force (Net) 23. In force December 31 of current year (a) Includes Individual Credit Life Includes Group Credit Life Inst. Loans greater than 60 months 24. Group Policies (b) 24.1 Federal Employees Health premium (b) 24.2 Credit (Group and Individuel 24.3 Collectively renewable poets 24.4 Medicare Title XVIII exem Other Individual Policies: 25.1 Non-cancelable (b) 25.2 Guaranteed renewable (b 25.3 Non-renewable for stated 25.4 Other accident only 25.5 All other (b)	n Benefits F Jal) licies (b) pt from stat	Plan e taxes or fees	qual to 60 mc ER THAN 12 ACCIDEN 1 Direct Pr	(a), c oonths at issue 20 MONTHS NT AND 1	urrent year \$ ue, prior year \$ s, prior year \$ HEALTH II 2 Direct Premit Earned	NSUF	PANCE Dividence Credited Bus	3 ds Paid Or On Direct siness	Prince to Losses	s Paid	5 Direct Losses
20. In force December 31, prior year 21. Issued during year 22. Other changes to in force (Net) 23. In force December 31 of current year (a) Includes Individual Credit Life Includes Group Credit Life Inst Loans greater than 60 months 24. Group Policies (b) 24.1 Federal Employees Health premium (b) 24.2 Credit (Group and Individuel 24.3 Collectively renewable poets 24.4 Medicare Title XVIII exem Other Individual Policies: 25.1 Non-cancelable (b) 25.2 Guaranteed renewable (b 25.3 Non-renewable for stated 25.4 Other accident only	n Benefits F Jal) licies (b) pt from stat reasons on	Plan e taxes or fees	qual to 60 mc ER THAN 12 ACCIDEN 1 Direct Pr	(a), c oonths at issue 20 MONTHS NT AND 1	urrent year \$ i.e., prior year \$	NSUF	PANCE Dividence Credited Bus	, cu , cu 3 ds Paid Or I On Direct	Direct Losses 28,8	s Paid	5 Direct Losses Incurred 24,106,514

insured under indemnity only products0 .



SUPPLEM	IENT FOR	THE YE	EAR 2016	S OF T	HE S	Silve	5 7 Script I		ee Company		
DIRECT BUSINESS IN THE STATE OF NAIC Group Code 4667				E INS				nouranc	DURIN	IG THE	YEAR 2016 y Code 12575
DIRECT PREMIUMS		1		Credit L	2		3	3	4	Joinpan	5 5
1. Life insurance		Ordi	nary	and In	ıdividua	al)	Gro	oup	Industrial		Total
Annuity considerations Deposit-type contract funds Other considerations)	ΚΧΧ				xxx		
Totals (Sum of Lines 1 to 4) DIRECT DIVIDENDS TO POLICY OUT OUT DIRECT DIVIDENDS TO POLICY OUT OUT OUT OUT OUT OUT OUT OU	-										
Life insurance: 6.1 Paid in cash or left on deposit 6.2 Applied to pay renewal premiums											
6.3 Applied to provide paid-up additions the endowment or premium-paying 6.4 Other	period										
6.5 Totals (sum of Line 6.1 to 6.4) Annuities: 7.1 Paid in cash or left on deposit 7.2 Applied to provide paid-up annuities											
7.2 Applied to provide paid-up arimities 7.3 Other 7.4 Totals (sum of Lines 7.1 to 7.3)		\		\	\						
8. Grand Totals (Lines 6.5 plus 7.4) DIRECT CLAIMS AND BENEFIT											
Death benefits Matured endowments Annuity benefits				<u> </u>		4					
Surrender values and withdrawals for lif Aggregate write-ins for miscellaneous d and benefits paid	lirect claims										
All other benefits, except accident and h Totals DETAILS OF WRITE-INS	nealth										
1301. 1302.											
1303	e										
above)	, (20		Credit Life								
DIRECT DEATH 1	dinary 2		and Individuate 4	al)	5	Group	6	7	ndustrial 8	9	Total 10
BENEFITS AND MATURED ENDOWMENTS INCURRED No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount		o. of ertifs.	An	nount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year											
Settled during current year: 18.1 By payment in full 18.2 By payment on											
18.3 Totals paid								_			
compromise											
19. Unpaid Dec. 31, current year (16+17-18.6)		V			of						
POLICY EXHIBIT 20. In force December 31, prior year			(a)	Po	licies						
22. Other changes to in force (Net)											
23. In force December 31 of current year (a) Includes Individual Credit Life Insurance price	or year \$		(a)	irrent vea	ır \$						
Includes Group Credit Life Insurance Loans Loans greater than 60 months at issue BUT	less than or equ	ual to 60 m	onths at issue	e, prior ye	ear \$, cu			
	A	CCIDE	NT AND H	HEAL1	ΓΗ ΙΝ 2	ISUR	ANCE)	4	<u> </u>	5
		Direct Pr		Direct I		ms	Dividends Credited (Busin	s Paid Or On Direct	Direct Losses	Paid	Direct Losses Incurred
Group Policies (b) 24.1 Federal Employees Health Benefits Pla premium (b)	n										
24.2 Credit (Group and Individual)											
24.4 Medicare Title XVIII exempt from state to Other Individual Policies:	taxes or fees	6	64,202,632						47 , 70	00,419	39,881,177
25.1 Non-cancelable (b)											
25.3 Non-renewable for stated reasons only 25.4 Other accident only											
25.6 Totals (sum of Lines 25.1 to 25.5)	24.4 + 25.6)	(0 64,202,632		61,826	0 6,405		0 0	47,70	00,419	39,881,177
(b) For health business on indicated lines re	port: Number o	f persons in	nsured under	PPO ma	ınaged	care pr	roducts		0 and	number o	f persons

insured under indemnity only products



	CT BUSINESS IN THE Group Code 4667	STATE O	F Wyoming		11	FF II	NSUR	ΔNCF	=				YEAR 2016 y Code 12575
147410	•	PREMIUMS	•	-	1		2 dit Life (G			3	4	, compan	5
	AND ANNUITY C			Ordi	inary		ali Elle (Gi nd Individu		Gı	roup	Industr	al	Total
1.	Life insurance												
2. 3.	Annuity considerations Deposit-type contract fund						XXX				xxx		
4.	Other considerations				ſ								
5.	Totals (Sum of Lines 1 to	4)											
	DIRECT DIVIDENDS Life insurance:	TO POLIC	YHOLDERS										
	6.1 Paid in cash or left on	deposit											
	6.2 Applied to pay renewa	l premiums											
	6.3 Applied to provide paid the endowment or pre												
	6.4 Other	iiiluiii-payii	ig period										
	6.5 Totals (sum of Line 6.1												
	Annuities: 7.1 Paid in cash or left on	donocit											
	7.2 Applied to provide paid	•											
	7.3 Other												
,	7.4 Totals (sum of Lines 7	,											
8.	Grand Totals (Lines 6.5 pl DIRECT CLAIMS A		FITS PAID				-11	\forall					
9.	Death benefits												
10.	Matured endowments												
11. 12.	•												
	Aggregate write-ins for mis												
	and benefits paid												
	All other benefits, except a Totals	eccident an	u пеакп									-	
.5.	DETAILS OF WRITE-INS												
1302.													
1398.	Summary of Line 13 from	overflow pa											
	Totals (Lines 1301 thru 13		•										
<u> </u>	above)			<u> </u>									
			Ordinan		Credit Life and Individ	luol)		Groun			nduatrial		Total
	DIRECT DEATH	1	Ordinary 2	3	4	uai)	5	Group	6	7	ndustrial 8	9	Total 10
	BENEFITS AND MATURED			No. of									
	ENDOWMENTS			Ind.Pols. & Gr.			No. of						
10 1	INCURRED Inpaid December 31, prior	No.	Amount	Certifs.	Amour	nt	Certifs.	Α	mount	No.	Amount	No.	Amount
	year												
17. In	ncurred during current year												
	ettled during current year: 8.1 By payment in full												
	8.2 By payment on												
	compromised claims 8.3 Totals paid												
	8.4 Reduction by												
	compromise												
	8.5 Amount rejected 8.6 Total settlements			(
	Inpaid Dec. 31, current							7					
	year (16+17-18.6)						of						
	POLICY EXHIBIT						Policies						
	force December 31, prior				()								
	yearssued during year				(a)		İ	L		1			
22. O	Other changes to in force					. ,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
	(Net) n force December 31 of						†						
(current year				(a)								
	udes Individual Credit Life I				, C						umant vaar f		
	ludes Group Credit Life Insu ans greater than 60 months										ırrent year \$ ırrent year \$		
						•	•			,	, , , , , ,		
					NT AND	пЕА	<u> </u>	10CF		3	4	1	5
					'		_		Dividend	ds Paid Or			-
				Direct P	remiums	Dire	ect Premit Earned	ums		On Direct	Direct Losse	es Paid	Direct Losses Incurred
24.	Group Policies (b)			Directi			Larrica		Duc		- Direct Loss	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
24.1	Federal Employees Health												
24.2	premium (b) Credit (Group and Individu			<u></u>		l L			l		-		
24.3	Collectively renewable pol	icies (b)									-		
24.4	Medicare Title XVIII exemp	ot from stat	e taxes or fees		6,293,780		6,22	23,622			5,	224,119	4,385,420
OF 1	Other Individual Policies: Non-cancelable (b)												
	` ,												
	Guaranteed renewable (b)												
25.2 25.3	Non-renewable for stated	reasons on											
25.2 25.3 25.4	Non-renewable for stated Other accident only	reasons on									-		
25.2 25.3 25.4 25.5	Non-renewable for stated Other accident only All other (b)	reasons on											n
25.2 25.3 25.4 25.5 25.6	Non-renewable for stated Other accident only	reasons on to 25.5)								()		0

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insured under indemnity only products



NAIC	CT BUSINESS IN THE Group Code 4667	STATE O	F Guam		LI	FE IN	NSUR!	ANCE	.				YEAR 2016 Code 12575
		PREMIUMS			1		2 lit Life (Gr			3	4		5
	AND ANNUITY C			Ordi	inary		d Individu		Gr	oup	Industria	al	Total
1.	Life insurance Annuity considerations												
2. 3.	Deposit-type contract fund						XXX				XXX		
4.	Other considerations						٨٨٨						
5.	Totals (Sum of Lines 1 to												
	DIRECT DIVIDENDS	,	YHOLDERS										
	Life insurance:												
	6.1 Paid in cash or left on	deposit											
	6.2 Applied to pay renewa												
	6.3 Applied to provide paid	d-up additio	ns or shorten										
	the endowment or pre												
	6.5 Totals (sum of Line 6.1	I to 6.4)											
	Annuities:												
	7.1 Paid in cash or left on												
	7.2 Applied to provide paid												
	7.3 Other			\									
	7.4 Totals (sum of Lines 7	,		\									
8.	Grand Totals (Lines 6.5 pl		TO DAID	→									
_							II 7						
9.	Death benefits					-		-					
10. 11.	Matured endowments Annuity benefits												
12.	•												
	Aggregate write-ins for mis			L					L				
10.	and benefits paid												
14.	All other benefits, except a											Ţ	
	Totals											Ī	
	DETAILS OF WRITE-INS												
1301	·												
	. Summary of Line 13 from		•										
1399	. Totals (Lines 1301 thru 13	03 plus 139	98) (Line 13										
	above)												
				(Credit Life								
			Ordinary		and Individ	ual)		Group			ndustrial		Total
	DIRECT DEATH	1	2	3	4		5	l	6	7	8	9	10
	BENEFITS AND			No. of				l					
	MATURED ENDOWMENTS			Ind.Pols.			No. of	l					
	INCURRED	No.	Amount	& Gr. Certifs.	Amour	nt	No. of Certifs.	Δι	mount	No.	Amount	No.	Amount
16 l	Jnpaid December 31, prior	INO.	Amount	Ocitiis.	Ailloui	11	Ocitiis.		mount	INO.	Amount	INO.	Amount
	year												
17. I	ncurred during current year							ļ					
5	Settled during current year:							l					
1	18.1 By payment in full	•											
1	18.2 By payment on							l					
	compromised claims 18.3 Totals paid												
	18.4 Reduction by												
	compromise												
1	18.5 Amount rejected												
	18.6 Total settlements												
	Jnpaid Dec. 31, current												
	year (16+17-18.6)			7									
	DO! 101/ =111 115 1						. of						
oo .	POLICY EXHIBIT					ļ	Policies						
∠∪. I	n force December 31, prior year				(a)								
	-				(ω)	†		 		T			
21. I	SSUEU UUIIIU VEAI	r											
	ssued during year Other changes to in force				i .								
22. (Other changes to in force (Net)												
22. (Other changes to in force (Net)n force December 31 of				(-)								
22. (23. I	Other changes to in force (Net)n force December 31 of current year				(a)								
22. (23. I a) Inc	Other changes to in force (Net) n force December 31 of current year cludes Individual Credit Life I		•		, C						www.t.voor.ft		
22. (23. I a) Inc	Other changes to in force (Net) n force December 31 of current year cludes Individual Credit Life Institutes Group Credit Lif	ırance Loan	is less than or ed	qual to 60 m	onths at issu	ue, prio	r year \$				urrent year \$		
22. (23. I a) Inc	Other changes to in force (Net) n force December 31 of current year cludes Individual Credit Life I	ırance Loan	s less than or ed IT NOT GREATE	qual to 60 m ER THAN 1:	onths at issu MONTHS	ue, prior S, prior y	r year \$ year \$				urrent year \$		
22. (23. I a) Inc	Other changes to in force (Net) n force December 31 of current year cludes Individual Credit Life Institutes Group Credit Lif	ırance Loan	s less than or ed IT NOT GREATE	qual to 60 m ER THAN 1:	onths at issu	ue, prior S, prior y	r year \$ year \$				•		
22. (23. I a) Inc	Other changes to in force (Net) n force December 31 of current year cludes Individual Credit Life Institutes Group Credit Lif	ırance Loan	s less than or ed IT NOT GREATE	qual to 60 m ER THAN 12	onths at issu MONTHS	ue, prior S, prior y	r year \$ year \$		RANCE		•		5
22. (23. I a) Inc	Other changes to in force (Net) n force December 31 of current year cludes Individual Credit Life Institutes Group Credit Lif	ırance Loan	s less than or ed IT NOT GREATE	qual to 60 m ER THAN 12	onths at issues MONTHS	ue, prior y HEA	r year \$ year \$ LTH IN 2	NSUF	RANCE Dividend	3 Is Paid Or	urrent year \$		
22. (23. I a) Inc	Other changes to in force (Net) n force December 31 of current year cludes Individual Credit Life Institutes Group Credit Lif	ırance Loan	s less than or ed IT NOT GREATE	qual to 60 m ER THAN 1:	nonths at issu 20 MONTHS NT AND	ue, prior y HEA	r year \$ year \$ LTH IN 2 ect Premiu	NSUF	PANCE Dividence Credited	3 Is Paid Or On Direct	urrent year \$		Direct Losses
22. (23. I a) Inc Inc Lo	Other changes to in force (Net) n force December 31 of current year Sludes Individual Credit Life I cludes Group Credit Life Insu ans greater than 60 months	urance Loan at issue BU	is less than or ed IT NOT GREATE	qual to 60 m ER THAN 1:	onths at issues MONTHS	ue, prior y HEA	r year \$ year \$ LTH IN 2	NSUF	PANCE Dividence Credited	3 Is Paid Or	urrent year \$	s Paid	
22. (23. I a) Inc Inc Lo	Other changes to in force (Net) In force December 31 of current year Sludes Individual Credit Life I Sludes Group Credit Life Insulans greater than 60 months Group Policies (b)	ırance Loan at issue BU	is less than or ed IT NOT GREATE	qual to 60 m ER THAN 1:	nonths at issu 20 MONTHS NT AND	ue, prior y HEA	r year \$ year \$ LTH IN 2 ect Premiu	NSUF	PANCE Dividence Credited	3 Is Paid Or On Direct	urrent year \$	s Paid	Direct Losses
22. (23. I a) Inc Inc Lo	Other changes to in force (Net)	at issue BU	is less than or ed IT NOT GREATE A	qual to 60 m ER THAN 1: ACCIDE!	nonths at issue 20 MONTHS NT AND 1 remiums	ue, prior y HEA	r year \$ year \$ LTH IN 2 ect Premiu	NSUF	PANCE Dividence Credited	3 Is Paid Or On Direct	urrent year \$	s Paid	Direct Losses
22. (23. I a) Inc Inc Lo 24.	Other changes to in force (Net) In force December 31 of current year Studes Individual Credit Life I Studes Group Credit Life Instants ans greater than 60 months Group Policies (b) Federal Employees Health premium (b)	arance Loan at issue BU	is less than or ed IT NOT GREATE A	qual to 60 m ER THAN 1: ACCIDE	nonths at issi 20 MONTHS NT AND 1	ue, prior y HEA	r year \$ year \$ LTH IN 2 ect Premiu	NSUF	PANCE Dividence Credited	3 Is Paid Or On Direct	urrent year \$	s Paid	Direct Losses
22. (23. I a) Inc. Lo 24. 24.1	Other changes to in force (Net) In force December 31 of current year cludes Individual Credit Life I cludes Group Credit Life Insu ans greater than 60 months Group Policies (b) Federal Employees Health premium (b) Credit (Group and Individual	at issue BU	is less than or ed IT NOT GREATE	qual to 60 m ER THAN 1: ACCIDE	nonths at issi 20 MONTHS NT AND 1	ue, prior y HEA	r year \$ year \$ LTH IN 2 ect Premiu	NSUF	PANCE Dividence Credited	3 Is Paid Or On Direct	urrent year \$	s Paid	Direct Losses
22. (23. I a) Inc Inc Inc Inc Inc Inc Inc Inc Inc Inc	Other changes to in force (Net)	at issue BU Benefits P all)	Is less than or ed IT NOT GREATE	qual to 60 m ER THAN 1: ACCIDE!	nonths at issue 20 MONTHS NT AND 1 remiums	ue, prior y HEA	r year \$ year \$ LTH IN 2 ect Premit Earned	NSUF	PANCE Dividence Credited	3 Is Paid Or On Direct	urrent year \$	s Paid	Direct Losses Incurred
22. (23. I a) Inc Inc Lo 24. 24.1 24.2 24.3	Other changes to in force (Net) In force December 31 of current year Cludes Individual Credit Life I Cludes Group Credit Life Insu ans greater than 60 months Group Policies (b) Federal Employees Health premium (b) Credit (Group and Individual Collectively renewable pol Medicare Title XVIII exemp	at issue BU Benefits P all)	Is less than or ed IT NOT GREATE	qual to 60 m ER THAN 1: ACCIDE	nonths at issue 20 MONTHS NT AND 1 remiums	ue, prior y HEA	r year \$ year \$ LTH IN 2 ect Premiu	NSUF	PANCE Dividence Credited	3 Is Paid Or On Direct	urrent year \$	s Paid	Direct Losses Incurred
22. (23. I a) Inc Inc Lo 24. 24.1 24.2 24.3 24.4	Other changes to in force (Net) In force December 31 of current year Sludes Individual Credit Life I cludes Group Credit Life Insu ans greater than 60 months Group Policies (b) Federal Employees Health premium (b) C Credit (Group and Individual C Collectively renewable pol Medicare Title XVIII exemy Other Individual Policies:	n Benefits P at issue BU n Benefits P at issue BU	Is less than or ed IT NOT GREATE A lan	qual to 60 m ER THAN 1: ACCIDEI	nonths at issue 20 MONTHS NT AND 1 remiums 15,261	ue, prior y HEA	r year \$ year \$ LTH IN 2 ect Premit Earned	NSUF	PANCE Dividence Credited	3 Is Paid Or On Direct	urrent year \$	s Paid	Direct Losses Incurred
22. ((23. I a) Inc. Inc. Inc. Inc. Inc. Inc. Inc. Inc.	Other changes to in force (Net) In force December 31 of current year Sludes Individual Credit Life I sludes Group Credit Life Insu ans greater than 60 months Group Policies (b) Federal Employees Health premium (b) Credit (Group and Individual Collectively renewable pol Medicare Title XVIII exem Other Individual Policies: Non-cancelable (b)	n Benefits P	Is less than or ed IT NOT GREATE A	qual to 60 m ER THAN 1: ACCIDEI	nonths at issue 20 MONTHS NT AND 1 remiums	ue, prior y HEA	r year \$ year \$ LTH IN 2 ect Premit Earned	NSUF	PANCE Dividence Credited	3 Is Paid Or On Direct	urrent year \$	es Paid	Direct Losses Incurred
22. (23. I 24. 24.1 24.2 24.3 24.4 25.1 25.2	Other changes to in force (Net) In force December 31 of current year Sludes Individual Credit Life I Sludes Group Credit Life Insulans greater than 60 months Group Policies (b) Federal Employees Health premium (b) Credit (Group and Individual Collectively renewable pol Medicare Title XVIII exemy Other Individual Policies: Non-cancelable (b) Guaranteed renewable (b)	n Benefits P	Is less than or ed IT NOT GREATE A	qual to 60 m ER THAN 1: ACCIDEI	nonths at issue 20 MONTHS NT AND 1 remiums	ue, prior y HEA	r year \$ year \$ LTH IN 2 ect Premit Earned	NSUF	PANCE Dividend	3 Is Paid Or On Direct	urrent year \$	s Paid	Direct Losses Incurred
22. (23. I a) Inc. Lo Lo 24.1 24.2 24.3 24.4 25.1 25.2 25.3	Other changes to in force (Net) In force December 31 of current year Sludes Individual Credit Life I Sludes Group Credit Life Insulants ans greater than 60 months Group Policies (b) Federal Employees Health premium (b) Credit (Group and Individual Collectively renewable pol Medicare Title XVIII exemy Other Individual Policies: Non-cancelable (b) Guaranteed renewable (b) Non-renewable for stated	n Benefits P all	lan e taxes or fees	qual to 60 m ER THAN 1: ACCIDE!	nonths at issue 20 MONTHS NT AND 1 remiums	ue, prior y HEA	r year \$ year \$ LTH IN 2 ect Premit Earned	NSUF	PANCE Dividend	3 Is Paid Or On Direct	urrent year \$	es Paid	Direct Losses Incurred
22. (23. I a) Inc Inc Inc Lo 24. 24.1 24.2 24.3 25.1 25.2 25.3	Other changes to in force (Net) In force December 31 of current year cludes Individual Credit Life I cludes Group Credit Life Insulans greater than 60 months Group Policies (b) Federal Employees Health premium (b) Credit (Group and Individual Collectively renewable pol Medicare Title XVIII exemy Other Individual Policies: Non-cancelable (b) Guaranteed renewable (b) Non-renewable for stated Other accident only	n Benefits P al) icies (b) ot from state	lan e taxes or fees	pual to 60 m ER THAN 1: ACCIDE	nonths at issue 20 MONTHS NT AND 1 remiums 15,261	ue, prior y HEA	r year \$ year \$ LTH IN 2 ect Premit Earned	NSUF	PANCE Dividend	3 Is Paid Or On Direct	urrent year \$	s Paid	Direct Losses Incurred
22. (23. I a) Inc Inc Inc Lo 24. 24.1 24.2 25.1 25.2 25.3 25.4	Other changes to in force (Net) In force December 31 of current year cludes Individual Credit Life I cludes Group Credit Life Insulans greater than 60 months Group Policies (b) Federal Employees Health premium (b) Credit (Group and Individual Collectively renewable pol Medicare Title XVIII exempother Individual Policies: Non-cancelable (b) Guaranteed renewable (b) Non-renewable for stated Other accident only All other (b)	n Benefits P all) icies (b) ot from state	lan e taxes or fees	pual to 60 m ER THAN 1: ACCIDE!	nonths at issue 20 MONTHS NT AND 1 remiums	Dire	r year \$ year \$ LTH IN 2 cct Premiu Earned	NSUF ums	PANCE Dividend	3 Is Paid Or On Direct iness	Direct Losse	692	Direct Losses Incurred
22. (23. I a) Inc. Inc. Inc. Inc. Inc. Inc. Inc. Inc.	Other changes to in force (Net) In force December 31 of current year cludes Individual Credit Life I cludes Group Credit Life Insulans greater than 60 months Group Policies (b) Federal Employees Health premium (b) Credit (Group and Individual Collectively renewable pol Medicare Title XVIII exemy Other Individual Policies: Non-cancelable (b) Guaranteed renewable (b) Non-renewable for stated Other accident only	n Benefits P all) icies (b) reasons onl	lan e taxes or fees	pual to 60 m ER THAN 1: ACCIDE!	nonths at issue 20 MONTHS NT AND 1 remiums 15,261	Dire	r year \$ year \$ LTH IN 2 sect Premiu Earned	NSUF ums	PANCE Dividend	3 Is Paid Or On Direct	Direct Losse	692	Direct Losses

insured under indemnity only products



DIRECT BUSINESS IN THE NAIC Group Code 4667	STATE C	F Puerto Rico)	LI	IFE I	NSUR/	ANCE	Ε		_		YEAR 2016 by Code 12575
·	PREMIUMS	2		1		2 dit Life (Gr			3	4		5
AND ANNUITY			Ord	inary		nd Individu		Gr	oup	Industri	al	Total
Life insurance												
 Annuity considerations Deposit-type contract fur 						XXX				XXX		
Other considerations												
5. Totals (Sum of Lines 1 to					<u> </u>							
DIRECT DIVIDENDS	S TO POLIC	YHOLDERS										
Life insurance: 6.1 Paid in cash or left o	n denosit											
6.2 Applied to pay renew	al premiums	S										
6.3 Applied to provide pa	aid-up additio	ons or shorten										
the endowment or p 6.4 Other										-		
6.5 Totals (sum of Line 6					 [1		
Annuities:	•											
7.1 Paid in cash or left o					 							
7.2 Applied to provide pa										-		
7.4 Totals (sum of Lines	7.1 to 7.3)		\		1							
8. Grand Totals (Lines 6.5	plus 7.4)											
DIRECT CLAIMS												
Death benefits Metured and automanta												
 Matured endowments Annuity benefits 										-		
12. Surrender values and wi					ļ							
13. Aggregate write-ins for n												
and benefits paid								t		†		
15. Totals	a a a a a a a a a a a a a a a a a a a											
DETAILS OF WRITE-IN	_											
1301.										-		
1302 1303												
1398. Summary of Line 13 from								t		†		
1399. Totals (Lines 1301 thru 1		•										
above)								<u></u>				
		Ordinant		Credit Life	المياا		Crain	_	l.	ad vatrial		Total
DIRECT DEATH	1	Ordinary 2	3	and Individ	uai)	5	Group	<u>р</u> 6	7	ndustrial 8	9	Total 10
BENEFITS AND			No. of							-		
MATURED ENDOWMENTS			Ind.Pols. & Gr.			No. of						
INCURRED	No.	Amount	Certifs.	Amour	nt	Certifs.	Α	mount	No.	Amount	No.	Amount
16. Unpaid December 31, prior												
year17. Incurred during current yea						*			†			
Settled during current year:												
18.1 By payment in full												
18.2 By payment on compromised claims	:											
18.3 Totals paid												
18.4 Reduction by												
compromise 18.5 Amount rejected			\						T			
18.6 Total settlements												
19. Unpaid Dec. 31, current												
year (16+17-18.6)			- 1			of					_	
POLICY EXHIBIT						Policies						
20. In force December 31, prio				(a)								
year21. Issued during year				(α)			<u> </u>					
22. Other changes to in force												
(Net)23. In force December 31 of						†	ļ		 			
current year				(a)			<u> </u>					
(a) Includes Individual Credit Life		•		, C		•						
Includes Group Credit Life In Loans greater than 60 month												
Loano groator than oo month	0 at 10000 D					•			, oa	ironi your φ		
				NT AND	HEA		NSUF		3	1 4		5
				1		2			่ง ds Paid Or	4		5
					Dire	ect Premiu	ums	Credited	On Direct			Direct Losses
24. Group Policies (b)			Direct P	remiums		Earned		Busi	iness	Direct Losse	s Paid	Incurred
24.1 Federal Employees Hea	Ith Benefits F	Plan			[<u> </u>		
premium (b)					·					ļ		
24.2 Credit (Group and Individual)24.3 Collectively renewable p					ļ							
24.3 Collectively renewable p 24.4 Medicare Title XVIII exer				367,583		? F	67,583				62,020	
Other Individual Policies	•			501,000		00	.,,000			<u> </u>	, 020	
25.1 Non-cancelable (b)					·							
25.2 Guaranteed renewable (·					ļ		
25.3 Non-renewable for states 25.4 Other accident only					ļ							
25.5 All other (b)					[
\-/				Λ	1		Δ		0		0	0
25.6 Totals (sum of Lines 25.	1 to 25.5)			U	ļ		U ,				U	
25.6 Totals (sum of Lines 25.26. Totals (Lines 24 + 24.1 +(b) For health business on inc	+ 24.2 + 24.3	3 + 24.4 + 25.6)		367,583		36	67,583		0		62,020	52,187

insured under indemnity only products0 .



.., current year \$
.., current year \$

SUPPLEMENT FOR THE YEAR 2016 OF THE SilverScript Insurance Company

DIRE	CT BUSINESS IN THE STATE OF U.S. Virgin		2010 01 1112 0110	n conpeniouran		E YEAR 2016
NAIC	Group Code 4667		LIFE INSURANCE	E	NAIC Compa	any Code 12575
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1	Life insurance	Ordinary	and individual)	Group	industrial	Total
2.	Annuity considerations					
3.	Deposit-type contract funds					
4.	Other considerations					
5.	Totals (Sum of Lines 1 to 4)					
5.	DIRECT DIVIDENDS TO POLICYHOLDERS Life insurance: 6.1 Paid in cash or left on deposit					
	7.1 Paid in cash or left on deposit					
	7.2 Applied to provide paid-up annuities					
	7.3 Other					
	7.4 Totals (sum of Lines 7.1 to 7.3)	·				
0.	DIRECT CLAIMS AND BENEFITS PAID					
9	Death benefits					
10.	Matured endowments					
11.	Annuity benefits					
12.	Surrender values and withdrawals for life contracts					
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid					

All other benefits, except accident and health

Totals (Lines 1301 thru 1303 plus 1398) (Line 13

DETAILS OF WRITE-INS

1398. Summary of Line 13 from overflow page

(a) Includes Individual Credit Life Insurance prior year \$

Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$

Totals

above)

15.

1301. 1302. 1303.

above)				l l				1		
	(Ordinary		redit Life and Individual)		Group		ndustrial		Total
DIRECT DEATH BENEFITS AND	1	2	3 No. of	4	5	6	7	8	9	10
MATURED ENDOWMENTS INCURRED	No.	Amount	Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year										
Incurred during current year Settled during current year: 18.1 By payment in full										
18.2 By payment on compromised claims 18.3 Totals paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
19. Unpaid Dec. 31, current year (16+17-18.6)			V		. of					
POLICY EXHIBIT 20. In force December 31, prior year				a)	Policies					
21. Issued during year				·						
23. In force December 31 of current year				a)						

ACCIDENT AND HEALTH INSURANCE

.., current year \$

		1	2	3	4	5
			D: .D .	Dividends Paid Or		D:
			Direct Premiums	Credited On Direct		Direct Losses
		Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24.	Group Policies (b)					
24.1	Federal Employees Health Benefits Plan premium (b)					
24.2	Credit (Group and Individual)					
24.3	Collectively renewable policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees	37,707	37,707		15,253	12,888
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)					
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
	All other (b)					
25.6	Totals (sum of Lines 25.1 to 25.5)	0	0	0	0	0
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	37,707	37,707	0	15,253	12,888



DIRECT BUSINESS IN THE STATE OF Northern Mariana Islands
NAIC Group Code 4667

LIFE INSURANCE

DURING THE YEAR 2016
NAIC Company Code 12575

	Group Gode 4007				TW tio compt	, ,
	DIRECT PREMIUMS	1	2 Credit Life (Group	3	4	5
<u> </u>	AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total
1.	Life insurance					
2.						
3.			XXX		XXX	
4.	Other considerations					
5.	Totals (Sum of Lines 1 to 4)					
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
	·					
	6.2 Applied to pay renewal premiums					
	6.3 Applied to provide paid-up additions or shorten					
	the endowment or premium-paying period					
	6.4 Other					
	6.5 Totals (sum of Line 6.1 to 6.4)					
	Annuities:					
	7.2 Applied to provide paid-up annuities					
	7.3 Other					
	7.4 Totals (sum of Lines 7.1 to 7.3)					
8.	Grand Totals (Lines 6.5 plus 7.4)					
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits					
10.	Matured endowments					
11.	Annuity benefits					
12.	Surrender values and withdrawals for life contracts					
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid					
14.	All -46 b fix i-l i l lk lk					
15.	Totals					
	DETAILS OF WRITE-INS					
1301.						
1302.						
1303.						
1398	Summary of Line 13 from overflow page					
	Totals (Lines 1301 thru 1303 plus 1398) (Line 13					
. 300.	above)					

		Ordinary		Credit Life and Individual)		Group	1	ndustrial		Total
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS	1 2		3 No. of Ind.Pols. & Gr.	4	5 No. of	6 6	7	8	9	10
INCURRED	No.	Amount	Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
 Unpaid December 31, prior year 										
17. Incurred during current year Settled during current year:					<u> </u>					
18.1 By payment in full	,									
18.4 Reduction by compromise	,									
18.5 Amount rejected										
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT 20. In force December 31, prior year				(a)	of Policies					
21. Issued during year 22. Other changes to in force										
(Net)23. In force December 31 of current year				(a)						

ACCIDENT AND HEALTH INSURANCE

		1	2	3	4	5
			Direct Premiums	Dividends Paid Or Credited On Direct		Direct Losses
		Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24.	Group Policies (b)					
24.1	Federal Employees Health Benefits Plan premium (b)					
24.2	Credit (Group and Individual)					
24.3	Collectively renewable policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees	3,417	3,417		73	63
	Other Individual Policies:	•				
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)					
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
	All other (b)					
25.6	Totals (sum of Lines 25.1 to 25.5)	0	0	0	0	0
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	3.417	3.417	0	73	63

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ______0 and number of persons insured under indemnity only products ______0.



, current year \$

, current year \$

SUPPLEMENT FOR THE YEAR 2016 OF THE SilverScript Insurance Company

DURING THE YEAR 2016 DIRECT BUSINESS IN THE STATE OF Grand Total **LIFE INSURANCE** NAIC Group Code 4667 NAIC Company Code 12575 3 2 Credit Life (Group **DIRECT PREMIUMS** AND ANNUITY CONSIDERATIONS Ordinary and Individual) Group Industrial Total Life insurance Annuity considerations 3. Deposit-type contract funds XXX. XXX. 4. Other considerations Totals (Sum of Lines 1 to 4) 5. DIRECT DIVIDENDS TO POLICYHOLDERS Life insurance: 6.1 Paid in cash or left on deposit 6.2 Applied to pay renewal premiums ... 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period 6.4 Other 6.5 Totals (sum of Line 6.1 to 6.4) Annuities: 7.1 Paid in cash or left on deposit 7.2 Applied to provide paid-up annuities 7.3 Other . 7.4 Totals (sum of Lines 7.1 to 7.3) .. Grand Totals (Lines 6.5 plus 7.4)

DIRECT CLAIMS AND BENEFITS PAID 8.

Death benefits ...

Annuity benefits .

Matured endowments

and benefits paid ..

DETAILS OF WRITE-INS

1398. Summary of Line 13 from overflow page

(a) Includes Individual Credit Life Insurance prior year \$

Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$

Surrender values and withdrawals for life contracts

Aggregate write-ins for miscellaneous direct claims

All other benefits, except accident and health

9. 10.

11.

12.

13.

15.

1301. 1302. 1303 Totals

1399. Totals (Lines 1301 thru 130 above)										
	(Ordinary	_	redit Life and Individual)		Group	ı	ndustrial		Total
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 No.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
16. Unpaid December 31, prior year						Amount	NO.	Amount	NO.	Amount
18.2 By payment on compromised claims 18.3 Totals paid										
18.5 Amount rejected										
POLICY EXHIBIT 20. In force December 31, prior year				a)	Policies					
22. Other changes to in force (Net) 23. In force December 31 of current year				a)						

ACCIDENT AND HEALTH INSURANCE

., current year \$

		1	2	3	4	5
				Dividends Paid Or		
			Direct Premiums	Credited On Direct		Direct Losses
		Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24.	Group Policies (b)	0	0	0	0	0
24.1	Federal Employees Health Benefits Plan		_	_	_	_
	premium (b)	0	0	0	0	0
24.2	Credit (Group and Individual)	0	0	0	0	0
24.3	Collectively renewable policies (b)	0	0	0	0	0
24.4	Medicare Title XVIII exempt from state taxes or fees	3, 154, 884, 797	3, 105, 117,820	0	2,613,540,286	2,189,070,862
	Other Individual Policies:					
25.1	Non-cancelable (b)	0	0	0	0	0
25.2	Guaranteed renewable (b)	0	0	0	0	0
25.3	Non-renewable for stated reasons only (b)	0	0	0	0	0
25.4	Other accident only	0	0	0	0	0
25.5	All other (b)	0	0	0	0	0
25.6	Totals (sum of Lines 25.1 to 25.5)	0	0	0	0	0
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	3,154,884,797	3,105,117,820	0	2,613,540,286	2,189,070,862

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